

“NOBODY ASKED IF I WAS OK”: C-SECTION
EXPERIENCES OF MOTHERS WHO WANTED A
BIRTH WITH LIMITED MEDICAL INTERVENTION

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Submitted to the faculty of the University Graduate School
in partial fulfillment of the requirements
for the degree
Master of Arts
In the Department of Sociology,
Indiana University

February 2014

Accepted by the Graduate Faculty, Indiana University, in partial fulfillment of the requirements for the degree of Master of Arts.

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No matter how much pressure our society may bring upon us to pretend otherwise, pregnancy, labor, and birth produce very powerful changes in women's bodies, psyches, and lives, no matter by which exit route – natural or surgical – babies are born. It follows then that the way that birth care is organized and carried out will have a powerful effect on any human society.

—Ina May Gaskin, midwife (*Birth Matters*, p. 1)

For mothers, so they may feel less alone.

ACKNOWLEDGEMENTS

To the women who courageously gave their time;

To my husband for doing more than his fair share of the dishes;

To my son for making me laugh;

To Dr. Carrie Foote for encouraging me when I was doubting myself;

To Dr. Linda Haas for asking me what my plans were when I needed direction;

To Dr. Betsy Erbaugh for giving me time when she surely had none to spare;

To Kathryn, Tonya, and Rachelle for reaching out;

To my mother for noticing that studying sociology makes me happy;

To my sister for following her dreams and inspiring me;

To the Department of Sociology at IUPUI for their generosity and flexibility;

I give my sincerest thanks.

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CHAPTER 1: INTRODUCTION

The Centers for Disease Control and Prevention estimate that 33% of babies born in the United States are delivered by cesarean section (c-section) (Hamilton, Martin, and Ventura 2011). Because c-sections are so common in the United States, there may be a tendency to treat them as insignificant. However, women who deliver by c-section undergo major surgery and then recover while experiencing the rollercoaster of postpartum hormones and caring for a newborn. These factors make a c-section a unique type of surgery; yet, the lack of research on c-section experiences suggest there is little understanding of the needs of women who have experienced one.

Especially under-researched are the experiences of women who plan a vaginal birth with limited medical intervention, but then end up delivering a baby by c-section. In some cases, the c-section may be planned in advance (for example, because the baby is breech); in other cases, the c-section is unplanned and occurs due to complications during pregnancy or labor. In both planned and unplanned c-sections, the women share the same experience of being emotionally invested in a vaginal birth with limited medical intervention, but because of circumstances beyond their control had a c-section. Importantly, planned and unplanned c-sections may result in very different emotional experiences and needs for these women. Therefore, researchers should first examine planned and unplanned c-section experiences independently.

Research Objectives

This thesis project aims to fill some of the gaps in the literature by addressing the following question: How do women who were planning a vaginal birth with limited medical intervention experience an unplanned c-section? Specifically, this research project involved:

- Completing in-depth interviews with 15 women who planned a vaginal birth with limited medical intervention but instead experienced an unplanned c-section between six months and two years ago;
- Discovering and describing the nature of the birth the mothers originally envisioned for their child;
- Exploring the women's experiences with, and feelings about, the birth itself and how it might differ from what they envisioned;
- Developing a better understanding of how these experiences and feelings affected the women during the first two years following the birth;

- Describing any challenges they faced and how, if at all, they managed such challenges;
- Identifying strategies that could be used to improve the experience of women recovering from an unplanned c-section who envisioned a vaginal birth with limited medical intervention.

Terminology

This thesis uses several terms which are ambiguous or with which the reader may be unfamiliar. They are defined below.

Limited medical intervention: Wanting a birth with “limited medical intervention” was a criterion for inclusion in this study, but there is no standard definition for this term.

Therefore, what it means to have “limited medical intervention” was defined using the definitions provided by the women interviewed. Although not averse to technological intervention when they deemed it appropriate, most of the women interviewed were resistant to common medical procedures associated with labor and delivery such as the induction of labor and epidural pain relief. (See [Chapter 3: What is Birth with Limited Medical Intervention?](#)) However, how and where they sought care during labor and delivery varied. Some of the women in this study were under the care of an obstetrician, others were under the care of a midwife, and some sought co-care from both an obstetrician and a midwife. Some of the women planned to give birth in the hospital, one planned to use a birth center, and others wanted homebirths. (See [Chapter 2: Sample Description and Recruitment.](#))

Unplanned c-section: A second criterion for inclusion in the study was experiencing an “unplanned c-section,” but there is no standard definition for this term. None of the women in this study knew more than a few hours in advance that they would be having a c-section, but the circumstances that led to their c-sections varied. The majority of the women in this study had c-sections because their babies were not born after many hours of labor. Although their labors were stalled, the situation was not immediately life-threatening for the mother or the child. Other women had life-threatening complications near their due dates or while they were in labor. Still other women were told during routine appointments near their due dates that because of unexpected complications they would need a c-section immediately. (See [Sample Description and Recruitment.](#))

Midwife: A midwife can provide medical care for women during low-risk pregnancies, labor, and delivery. Certified nurse-midwives are registered nurses who have also graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (American College of Nurse-Midwives 2012). They are licensed to practice legally in all 50 states. Other certification programs exist for midwives, but midwives with these credentials may not be able to practice legally in every state.

Doula: A doula is someone who is trained to provide care and support for a woman before, during, and after birth (Dona International 2012). Doulas, however, are not medically trained, and do not perform medical procedures.

Natural Birth: Some of the women interviewed describe wanting a “natural birth” or being part of the “natural birth community.” There is no standard definition for this term. Some women use the phrase “natural birth” to mean a vaginal birth. To others it may mean a vaginal birth with limited or no pain relief.

Baby-Friendly Hospital: A Baby-Friendly Hospital is a hospital that is participating in the Baby-Friendly Hospital Initiative. This program, developed by UNICEF and the World Health Organization, encourages hospitals to support women who want to breastfeed. Baby-Friendly designation is given to a hospital when it implements ten practices to help support breastfeeding, including helping mothers breastfeed within 30 minutes of giving birth and not giving infants formula unless medically indicated (UNICEF and World Health Organization 2009). Several of the mothers in this study gave birth at Baby-Friendly Hospitals.

Literature Review

Although the evidence is unclear concerning whether delivering a baby by c-section increases the incidence of postpartum depression (Sword et al. 2011; Xie et al. 2011), Beck et al. estimate that up to 9% of new mothers may experience posttraumatic stress disorder (2011), and up to 60% describe depressive symptoms (Halbreich and Karkum 2005). A better understanding of the experiences of women who are recovering from unplanned c-sections is important because it may help to improve care practices for women both prenatally and during the postpartum period.

Little research has been done to help elucidate how women experience an unplanned c-section, regardless of whether they desired a birth with limited medical intervention or not. The literature on contemporary reproductive ideologies suggests that women prefer to feel in control of their pregnancies, deliveries, and postpartum experiences (Dworkin and Wachs 2004; Fox and Worts 1999; Upton and Han 2003). The strong emotions evoked by an unplanned c-section can erode this sense of control and may be associated with an increased likelihood of postpartum depression (Beck 1992; Beck 1993; Sword et al. 2011; Xie et al. 2011).

Further, the research that has been done on the emotional impact of c-sections usually focuses on the experiences of women days after giving birth while ignoring longer term emotional effects (Padawer et al. 1988; Ryding, Wijma, and Wijma 1998; Somera, Feeley, and Ciofani 2010). A better understanding of the way women experience and recover emotionally from an unplanned c-section, especially in the context of desiring a vaginal birth with limited medical intervention, is needed in order to improve healthcare for women. Below is a review of the literature on contemporary reproductive U.S. ideologies, postpartum depression, and the emotional impact of a c-section. The chapter concludes with the significance of the study.

Reproductive Ideologies

Giving birth is a major life event, and many women have an idea of how it is “supposed” to occur. Fox and Worts (1999) interviewed 40 women in Toronto, Canada who had just given birth for the first time. Of these women, 22 were unhappy or angry about some aspect of their birth experience, while 16 described positive experiences. (The remaining women were consumed by medical emergencies and unable to reflect effectively at the time of the interviews.) The women who were unhappy about the births expressed feeling a loss of control over the events, unhappiness as a result of a medical intervention, or frustration because health care providers were slow to respond to their needs. The women who described positive birth experiences described an absence of medical intervention, retention of control, and emotional support during labor and delivery. The researchers concluded that having control over the birth process is very important to some women and that receiving emotional support can mute any negative feelings associated with a loss of control.

In addition to wanting control over the birth process, women often want control over their recovery. Upton and Han (2003) conducted open-ended in-depth interviews

with 60 women in Michigan about the pregnant and postpartum body. Their analysis supports the idea that the pregnant body is subject to public scrutiny and suggests that after giving birth women are “bombarded with the message that attaining a certain self and body is paramount” (Upton and Han 2003:684). One participant in their study explained:

That was really important for me, to be able to wear my clothes again, not just for cost or whatever, but you know, you want to be able to say, heck, I got back down to that size, no problem, there’s something of the old me there (Upton and Han 2003:686).

Control of the body, especially the postpartum body, is ubiquitous in American culture. Dworkin and Wachs (2004), for example, conducted a textual analysis of 59 fitness articles from 21 issues of *Shape Fit Pregnancy* magazine from 1997-2003. They analyzed their results using open coding, and identified three themes: training for labor, getting your body back after childbirth, and the necessity of focusing on fitness after having a child. The researchers found that most of the articles did not mention the health benefits of exercising during pregnancy. Instead, they focused on how staying in shape means that less time will be required to return to your previous body after birth. For example, according to one article, women who want to be “sexy” or “beautiful” mothers must keep their “midsection in prime form during and after pregnancy” (Dworkin and Wachs 2004:616).

Control during pregnancy, labor and delivery, and the postpartum period seems to be a dominant theme in U.S. reproductive ideology. But, because the processes of pregnancy, labor, and delivery are not predictable, maintaining control is not always possible. Unfortunately, losing control is a central tenet of postpartum depression (Beck 1993).

Postpartum Depression

Beck (1993) collected data while acting as a participant-observer during a postpartum support group in the U.S. over 18 months. She also conducted in-depth interviews with 12 women who had attended the support group. From her data she learned that women suffering from postpartum depression share the common experience of feeling like they lost control over their lives. In order to cope, women seemed to progress through four stages: encountering terror, the dying of self, struggling to survive, and regaining control. As they progress through these stages, women may experience relentless obsessive thinking, isolate themselves, pray for relief, and mourn for lost time.

In a second study, Beck (1992) interviewed seven women (three of whom had c-sections) who were participating in a postpartum support group. The length of time from delivery to interview varied from 3 months to 2 ½ years. The women were asked to describe a situation when they experienced post-partum depression, and the results of the interviews were analyzed for themes. One particularly striking theme was “uncontrollable anxiety attacks led to a feeling of being on the edge of insanity” (Beck 1992:169). One woman described this experience as, “It’s terrible. It’s like the worst thing you can imagine. Think of how you would feel if your husband or child had been hit by a car and killed. Well, it would be as bad as what I felt during an anxiety attack” (Beck 1992:169).

Another theme was “mothers envisioned themselves as robots stripped of all positive feelings, just going through the motions.” One woman said, “It was like a withdrawal of emotions. I didn’t feel real. I felt as if I was acting. I went through the motions of my life without any of the joy” (Beck 1992:169).

The literature is unclear concerning whether women who deliver by c-section face an increased likelihood of postpartum depression. Xie et al. (2011) administered a survey to women who were two weeks postpartum who had delivered babies in several Chinese hospitals. The survey was designed to assess whether mothers were experiencing depression. They found that the rate of depression was 21.7% in women who had delivered by c-section compared to 10.9% in women who had delivered vaginally.

A similar study was conducted by Sword et al. (2011), who surveyed women at 11 hospitals in Ontario, Canada. In this study women completed a questionnaire while they were still in the hospital shortly after delivery, and then participated in a structured telephone interview at six weeks postpartum. This study showed no differences in the rate of postpartum depression between women who delivered vaginally and those who had c-sections.

One limitation with the previous two studies is that they assessed a woman’s emotional state within a few weeks of delivery. Beck notes that some women do not experience depression until six or seven months after giving birth (1992:167).

Postpartum depression is a devastating experience. Women feel overwhelming anxiety, surreal, and a loss of control. Clearly we need more effective ways to help women cope after childbirth, which is one of the motivations for this study.

The Emotional Impact of a C-Section

There is little in the literature about how women recover emotionally from a c-section and no literature in the context of such women who desired limited medical intervention for their child's birth. The research that has been done tends to focus on how the woman experienced the birth itself, without providing much insight into how she copes with the emotions the birth evoked. Somera et al. (2010) conducted interviews with nine Canadian women shortly after they gave birth, and then again within a month after the first interview. The researchers asked women what it was like to have an unplanned c-section and how that experience compared to the birth they expected. Seven themes emerged from their analysis: it was for the best, I did not have control, everything was going to be okay, I was so disappointed it had to happen this way, I was so scared, I was excited, and I could not believe it. The researchers conclude that an unplanned c-section invokes a wide range of very strong emotions.

A similar study was conducted by Ryding et al. (1998) who interviewed 53 Swedish women one to five days after they had an unplanned c-section. The data were collected using a model that is used in trauma research (such as rape). Each woman was asked to reflect on six phases of her labor and delivery: arriving at the hospital, when she first started suspecting she would need a c-section, when she was told she would need a c-section, during the surgery, when she woke up (if she had general anesthesia), and when she saw her baby for the first time. The results showed that fear was the dominant feeling once the woman realized she would need a c-section. Disappointment, sadness, and grief were also common feelings. In addition, 26% of the women felt they provoked the c-section by having an abortion earlier in life, working too hard during the pregnancy, or fearing a vaginal birth. Like the previous study, this study clearly indicates that an unplanned c-section can elicit strong emotions.

A third study examines the differences in psychological adjustment between women who had a c-section and women who delivered vaginally (Padawer et al. 1988). The researchers asked 22 women who had unplanned c-sections and 22 women who had vaginal deliveries to complete a questionnaire 1-2 days after giving birth at a Massachusetts hospital. The questionnaire was designed to assess the woman's level of depression, her level of anxiety, and her confidence in her mothering skills. The results indicated that women who had c-sections were less satisfied with their delivery to a statistically significant degree. The researchers found no significant differences between the women who gave birth vaginally and those who had c-sections on their

level of depression, level of anxiety, or confidence in mothering skills. Although surveying women one to two days after giving birth seems intrusive and unreliable, this study illustrates that women who have c-sections must emotionally process their experiences differently than those who have vaginal births.

Significance of the Study

This study aims to fill three gaps in the literature:

- There is very little literature about the emotional recovery process for women who experience an unplanned c-section. This study will contribute new knowledge in this area. In addition, this study explores the perspective of women who wanted a birth with limited medical intervention, a perspective that has not been explored in the literature on c-section experiences.
- Many of the studies described involved collecting data from women within a few months of giving birth. This study involved interviewing women who gave birth six months to two years ago which casts a wider lens on the recovery process.
- Postpartum depression is a common phenomenon. The results from this study may help provide insight into how women recover from c-sections and how care might be improved to better help them cope.

CHAPTER 2: METHODOLOGY

The goal of this study is to better understand the emotional experiences of women who preferred a vaginal birth with limited medical intervention but instead had unplanned c-sections and to explore the meanings the women attach to these experiences. The data in this study were collected by conducting semi-structured interviews with each study participant in order to obtain a rich dataset in which the c-section experience is described in the participants' own words. This study is designed with a phenomenological methodological framework, as it aims to "describe as accurately as possible the phenomenon" while remaining true to the facts (Groenewald 2004:5).

Interview Guide

The interview was designed to encourage the participants to talk about their experiences in seven different areas:

- **Pregnancy.** This section of the interview asked women to describe their pregnancy and included questions such as "How did you feel emotionally?" and "Were there complications?"
- **The birth they envisioned.** This part of the interview focused on the women's hopes and expectations for the birth. Questions included, "Where did you plan to deliver?", "Who would be there?", and "How did you become interested in a birth with limited medication intervention?"
- **The birth they experienced.** During this part of the interview, each woman was asked to describe her actual labor and delivery. Questions included, "What led to the c-section?" and "How did you feel about the decision to have a c-section?"
- **The immediate postpartum period.** This section of the interview focused on the first few weeks after the birth. Questions included, "What feelings did you have about the birth at this point?" and "Was there anything you needed during this time that you didn't get?"
- **The later postpartum period.** Here, the women were asked to describe how they felt about the birth now. Questions addressing this topic included, "How do your feelings about the birth today compare with how you felt shortly after the birth?" and "In what ways does the birth affect your feelings about future births?"
- **The healing process.** During this part of the interview, the women were asked to describe their emotional recovery. Questions included, "Have you been able to

talk to anyone about your experiences?” and “Are there ways in which you still need to heal?”

- How care could be improved. Finally, women were asked to consider how care could be improved for other women who experience a c-section. Questions included, “In what ways could women and their families be better prepared for c-sections?” and “What can friends and family members do to better support women the first few weeks after surgery?”

To view the entire interview guide, see [Appendix C: Interview Guide](#).

Sample Description and Recruitment

The participants in this study were 15 adult women (age 21+) who:

- Delivered a healthy child by c-section at least six months but not more than two years ago. Most studies of the experiences of women who had c-sections involved data collected from women within a few months after delivery (e.g., Ceronio, Dorfling, and Nolte 1995; Somera et al. 2010). Including experiences from women who are at least six months postpartum will cast a wider lens on the recovery period.
- Planned a vaginal birth with limited medical intervention. Instead of tightly defining “limited medical intervention,” women were made aware of this as a criterion for inclusion in the study, and chose for themselves whether they qualified to participate. This allows the data to be analyzed within each participant’s social and historical context (Hesse-Biber, Nagy, and Yaiser 2004).
- Delivered a child by an unplanned c-section. This criterion was included in order to decrease the variation in the experiences among the women who participated so that common themes were more likely to emerge during data analysis.

Chain referral sampling was used to recruit participants (Penrod et al. 2003) from two populations:

- I asked several local doulas to contact women they know who might be interested in participating in the study. The use of a doula during labor is associated with decreased epidural rates (Paterno et al. 2012), so asking local doulas to recommend participants for this study increases the likelihood of finding women who were emotionally invested in a birth with limited medical intervention. The doulas were asked to share my recruitment flyer (see [Appendix E](#)) so that anyone who was interested in participating could self-select and contact me for additional information.

- A friend who is involved with a local breastfeeding support group offered to post my recruitment flyer to the group's Facebook page so that anyone who was interested in participating could self-select and contact me for additional information.

Three of the women who participated in the study were referred by doulas. The remaining 12 women either participate in or were referred by someone who participates in the breastfeeding group. See [Appendix B](#) for the pre-screening interview guide.

Data Collection

The data for this study were collected by conducting semi-structured interviews with 15 participants from March 2012 – March 2013. The interviews typically lasted 60-90 minutes and were recorded on a digital recorder and then transcribed by me. The interviews occurred at a location of each woman's choice, most often in a local coffee shop or in the woman's home.

In addition, personal journals and emails with additional comments were accepted from participants if offered. These journals and emails were not solicited, but two women wrote about their births or reflected on their experiences after the interview and decided to share these writings during the course of the study. Though these journals and emails were primarily used to provide additional context for the interviews, several quotes from these writings were included in this thesis.

Some of the women who participated in the study were pregnant or had given birth to multiple children. In these cases, the interview focused on the child born six months through two years ago, but the participant was encouraged to talk about her other pregnancies and birth experiences when relevant.

Each participant received a \$25 Visa gift card as a token of appreciation for her time.

Data Analysis

The data for this study were transcribed by me while the interviews were ongoing. During this time, I followed Seidman's advice, noting portions of the transcript that seem compelling: "If it catches your attention, mark it. Trust yourself as a reader. If you are going to err, err on the side of inclusion" (2006:118). This allowed me to use the content of previous interviews to refine my interview questions during subsequent interviews.

The transcribed interviews were analyzed using NVivo 10, software used for qualitative data analysis. Passages of interest were first roughly coded in order to

develop conceptual categories and themes as Charmaz (2003) suggests. As themes emerged, additional passes were made through the data in order to refine the analysis and identify connections between themes. Themes were more deeply developed in written memos in order to “direct the shape and form” of the analysis (Charmaz 2003:104). Personal journals and emails shared by the women were analyzed in the same manner as interview transcripts.

Quality Improvement Techniques

Several techniques were used to improve the quality of the data in this study. First, the Interview Guide was designed to provide a general framework for the interviews, but the questions were open-ended and fluid, allowing each participant to respond using her own words and in a way unique to the context of her own situation. In addition, the interviews were recorded and transcribed, in order to reduce the likelihood of miscommunicating results. These techniques help increase the validity of the data (Merriam 2002).

In order to increase the reliability of the data, I disclosed my insider status and included a statement of reflexivity. (See Chapter 9: Reflexive Statement.) This thesis was also peer-reviewed when it was evaluated, another technique which increases the reliability of a research project (Spillett 2003). Because the members of the committee who reviewed this project have expertise in medical sociology, sociology of gender, and qualitative methods, changes based on their feedback helped increase the validity and reliability of the data (Merriam 2002).

Information about each of the participants is given (See Chapter 2: Participants and Appendix A) and the quotations presented in this thesis are directly taken from transcripts of the interviews (with small modifications for clarity). Although data are always interpreted by the researcher, the quotations provide transparency which also increases the validity of the data. In addition, providing context allows readers to more accurately “determine the extent to which their situation matches the research” (Merriam 2002:31) so that external generalizations can be made thoughtfully.

Limitations

This study design has several limitations. This research project aims to answer the question: How do women who were planning a vaginal birth with limited medical intervention experience an unplanned c-section? However, the emotions experienced during the birth and postpartum period are part of an ongoing healing process. As most

who have recovered from a physical injury will confirm, there are good days and there are bad days. Because the women interviewed in this study were interviewed only once, the data represent a snapshot of the recovery process grounded in the context of how each woman was feeling the day she was interviewed.

Biases in sampling are an additional limitation of this study design. Women who have had c-sections may feel stigmatized (Lipson and Tilden 1980), so chain referral sampling has the benefit of accessing women who might otherwise be difficult to reach (Penrod et al. 2003). Because I asked doulas to recommend study participants, their own biases affected who they selected to inform about the study, creating a source of gatekeeping bias (Atkinson and Flint 2001). In addition, the women they recommended may underrepresent women who do not know about doulas, who cannot afford doulas, or who are from cultures who rely on extended family members, partners, or friends instead of doulas to provide support.

A strength of chain referral sampling is that it uses multiple social networks to recruit participants (Penrod et al. 2003). However, the majority of the participants in this study learned about the study from the Facebook page for a local breastfeeding group—a single social network. This has the potential to reduce the variability among the experiences of my participants and bias the sample in favor of those who have the means (and desire) to use Facebook for social support.

Finally, all but one of the women who participated in this study self-identified as White. Non-Hispanic Black, Hispanic/Latina, and Native American mothers are more likely to have c-sections than White women (Roth and Henley 2012). The lack of racial diversity in this study means this analysis likely underrepresents the experiences of women who are not White.

Role of the Researcher

In February 2011, I planned to deliver my son at a local birth center using a midwife as my health care provider. After a prolonged labor I asked to transfer to a nearby hospital, and after continuing to labor for several more hours, delivered my son by c-section. Healing physically has been more difficult than I expected, and healing emotionally will probably be a life-long process. During the year following my c-section, I tried to find resources and literature on the topic and was unsuccessful. This led me to wonder about other similarly situated women and what their experiences were like, so when I began to plan my thesis research, I readily decided on a project to explore such

experiences with other women. As a result, I take an insider research role in that I share having experienced the phenomenon of this study.

Having an insider research status poses certain reflexivity concerns. (See Chapter 9: Reflexive Statement.) First, my insider status may help provide insight into the participants' lives (Esterberg 2002). But, this is also a source of bias, as I may be more likely to focus on parts of the interview which resonate with me, at the expense of those that do not. For example, because I prepared for a birth with a midwife in a birth center, my idea of "limited medical intervention" may be different than that of a woman who was under the care of an obstetrician in a hospital. To allow for different experiences, I let each participant choose for herself whether she envisioned a birth with "limited medical intervention," a criterion for participating in the study. I also made extensive use of open-ended questions and probes so that the women can share their experiences, in their own words.

Every effort was made not to project my views on the study participants. I typically shared my insider status to decrease the emotional distance between myself and the participants and to help build rapport (Esterberg 2002), but did not offer additional information about my own experiences unless asked.

Participants

The study sample consisted of 15 mothers who live in or near a midwestern urban area. Fourteen of the women described themselves as Caucasian and one self-identified as African American. More detailed information about the participants can be found in the table below, and in Appendix A. (Names and identifying details have been changed in order to protect the privacy of the participants.)

Table 1: Description of Research Participants (at time of interview)

Name	Age	Biological Children	Care Provider	Preferred Place of Birth	Reason for C-Section
Brianna	37	Daughter, 2 years*	Obstetrician	Hospital	Complications near due date
Lilly	32	Daughter, 2 years	Midwife	Home	Lengthy labor
		Pregnant	Midwife	Home	
Kate	38	Daughter, 7 years	Midwife	Birth Center	Lengthy labor
		Son, 1 ½ years	Obstetrician	Hospital	Lengthy labor
Claire	33	Son, 2 years	Obstetrician	Hospital	Lengthy labor
		Daughter, 10 months	Obstetrician	Hospital	Lengthy labor
Molly	33	Son, 14 months	Obstetrician	Hospital	Complications during labor
Ashley	29	Son,* 1 ½ years	Obstetrician	Hospital	Complications during labor
Angela	28	Son,* 17 months	Obstetrician	Hospital	Lengthy labor
		Pregnant	Obstetrician	Hospital	
Susan	28	Daughter, 5 years	Obstetrician and Midwife	Hospital	Born vaginally
		Son, 1 year	Obstetrician and Midwife	Home	Complications near due date
		Pregnant	Obstetrician**	Hospital	
Emily	23	Daughter, 28 months*	Obstetrician	Hospital	Complications during labor
		Pregnant	Obstetrician and Midwife	Home	
Trisha	31	Son, 7 ½ months	Obstetrician and Midwife	Home	Complications during labor
Laura	34	Daughter, 2 years	Obstetrician	Hospital	Lengthy labor
Mia	25	Daughter, 7 months	Midwife	Hospital	Complications during labor
Rose	21	Son, 6 months	Obstetrician	Hospital	Complications near due date
Alicia	32	Daughter, 8 months	Midwife	Hospital	Complications near due date
Julia	33	Daughter, 6 ½ months	Obstetrician	Hospital	Lengthy labor

* Also a mother to an adopted child, stepchild, or foster child.

** Prefers a midwife, but unable to find one

Findings Overview

This study aims to develop a better understanding of the experiences of women who wanted a vaginal birth with limited medical intervention, but instead delivered a healthy child by unplanned c-section. The rest of this thesis is organized as follows:

- Chapter 3 describes the nature of the birth the mothers originally envisioned for their child.
- Chapter 4 explores the women's experiences with, and feelings about, labor and delivery and how these differed from what they envisioned for their births.
- Chapter 5 examines how these experiences and feelings affected the women during the first few years following the birth.
- Chapter 6 describes some of the challenges the women faced during the postpartum period.
- Chapter 7 lists some of the strategies the women used to manage these challenges.
- Chapter 8 identifies strategies that could be used to improve the experience of women recovering from an unplanned c-section who envisioned a vaginal birth with limited medical intervention.

The thesis concludes with a discussion of the healthcare implications of this research as well as some avenues for future research on this topic. All of the quotations included are the participants' own words (with occasional edits for clarity) and use pseudonyms.

CHAPTER 3: UNDERSTANDING THE DEMOGRAPHIC

In the United States, more than 90% of births are attended by a physician and nearly 99% of births occur in a hospital (Martin et al. 2012). Approximately 61% of women opt for epidural or spinal anesthesia during labor (Osterman and Martin 2011).

This study was designed to explore the experiences of women who were emotionally invested in a birth with limited medical intervention. Multiple women in this study preferred a care provider other than a physician, and a birth location other than the hospital. In addition, the majority of the women mentioned wanting an unmedicated labor and birth. This suggests that the women whose experiences are portrayed in this study are not representative of the typical woman in the United States giving birth.

This chapter examines the demographic of the women who participated in this study. “Birth with limited medical intervention” is defined and explored, and the women’s pregnancies and preparation for labor and delivery are discussed.

What is Birth with Limited Medical Intervention?

Women self-selected into the study based on their own belief that they met the study criteria of wanting a birth with “limited medical intervention.” During the interview I explored what this meant to the women. What constitutes limited medical intervention varies among the women, but Brianna captures the attitudes of most of the participants in the study when she says, as long as the pregnancy and delivery are proceeding healthfully, “I basically just wanted the doctor there to catch [my daughter].” Laura makes a similar comment: “I didn’t really want [the doctor] messing with stuff that I didn’t need to have done.”

The push for limited medical intervention comes from a concern that common medical procedures are unnecessary (and could pose risks) if a pregnancy seems to be progressing healthfully. For example, Lilly decided not to have an ultrasound with her first pregnancy. She explains her reasoning:

We really wanted to take a natural approach. We weren’t going to put my health or the child’s health at risk but even the American College of Obstetrics and Gynecology says that an ultrasound shouldn’t be performed unless medically indicated. For a first pregnancy that was otherwise healthy, it wasn’t medically indicated to have an ultrasound.

She then explains why she chose to have an ultrasound with her second pregnancy:

We live very close to the hospital and we are going to have a Level 2 ultrasound at 20 weeks [pregnant]. It’s higher resolution or something. I don’t really understand the details of it but it’s a more detailed view of how the baby’s developing. The big key is that we want to make sure that the

placenta is not growing into the uterine scar because that would be a risk. It would risk me out of having a [vaginal birth]. . . . I'm totally fine with it. It's medically indicated, so I'm actually kind of excited. We're going to find out [the sex of the baby] we're having this time.

Limited medical intervention is less about who is providing the care and where it is being provided than it is a model of care. The women in this study sought care with limited medical intervention from both midwives and obstetricians (sometimes concurrently) and planned to deliver in hospitals, at a birth center, or at home. Discussion about limited medical intervention in the context of the birth generally related to four topics: induction of labor, epidural pain relief, restrictions during labor, and care of the baby shortly after delivery.

Most of the women did not want their care providers to induce labor, preferring to let themselves go into labor spontaneously. Claire notes, "I had it specifically in my birth plan that I did not want my membranes stripped [because it can induce labor]." (Her obstetrician did this without her consent during an exam.) Alicia told her care providers "I really don't want an induction" when she was still pregnant past her due date. Although she agreed that an induction was probably necessary, Julia remembers, "I felt stressed and I felt frustrated that I might have to go in and be induced because my body wasn't ready [to give birth]."

The majority of the participants also wanted to try to labor without epidural pain relief. Mia says, "I remember I told [my boyfriend], 'When I am in labor, if I say I want an epidural, tell me *no*.'" But, many of the women were open to the idea of pain relief if they decided they needed it. In Mia's case, "the point came and they were like, 'We're going to give you [a drug to augment your labor].' I said, 'Ok, I want an epidural.'" Angela comments, "I'd already accepted that if [labor] got too painful or too hard, I was going to let myself have the epidural and I wouldn't be disappointed in myself because I tried." Laura expresses a similar sentiment: "I wanted a natural birth. But I was also afraid that if something went wrong or I got into this and decided I do want an epidural, I wanted to have that option."

Most of the women in the study did not want interventions such as intravenous lines or wired fetal monitors that would limit their mobility during labor. Trisha, Laura, Mia, and Rose wanted water births. Laura describes how difficult it can be to find a hospital that allows women to have flexibility during labor:

[During a tour of the hospital], I was the strange one in the back asking all the questions like, "Do you have wireless monitoring?" They were like, "A what monitor?" "What about different positions? Can I walk the halls?"

They were like, “No, you have to stay in your room.” I’m like, “Really, you have to stay in your room? Do you have tubs? Could I labor in a tub?” “Hmm, I think we have one of those around here.” They literally found one in a dusty janitor’s closet. They pulled it out and it was really just a swimming pool for little kids. Like a blow-up one. Small. Not even very deep. What would be the point of that? After the tour, the lady who gave the tour, the nurse or whatever, pulled me aside and said, “You might want to check out a different hospital.”

Emily describes some of the pain relieving techniques she wanted to be able to use during labor:

We wanted to be as mobile as possible and use our comfort measures, like the ball and the rocking chair and things like that. Massage is really important to me because I have some lower back pain and hip pain all the time so that was going to be important for us to be able to use. So, yeah, we just had the typical ideal non-medicated birth plan.

The mothers also talked about how important it was for them to have limited medical intervention with their newborns as well. Laura and Mia mentioned not wanting the umbilical cord cut immediately after their baby’s birth, and Mia did not want her daughter to get a hepatitis B vaccination or antibiotic ointment put on her newborn daughter’s eyes, all common medical procedures. Laura and Julia expressed a strong desire for skin-to-skin contact with their newborns shortly after birth, instead of having them swaddled and taken to the hospital nursery.

It is worth re-emphasizing that wanting limited medical intervention does not mean that the women are averse to medicine, science, or technology. It simply means a preference for letting nature take its course whenever possible, without putting the mother or child at risk. Angela makes this point clearly: “I believe in the power of medicine. Our kids are [in-vitro fertilization] kids, so I know you need science and medicine. But I like some of the more natural approaches to things first.”

Why Have a Birth with Limited Medical Intervention?

The participants described a variety of reasons for wanting a birth with limited medical intervention. Emily lists concern for the well-being of her baby and herself as motivating factors.

Part of it was kind of a fear part and part of it was I wanted what was best for my baby. I didn’t want anything that could harm my daughter to be a part of the equation. At the same time I was afraid of an epidural.

Brianna expresses similar concerns and also notes that medical intervention could affect her experience of the birth.

I knew this was probably my only chance, so I wanted to experience [birth] as much as I could. I didn't want to be "out of it" or loopy. I wanted to be present, and able to experience it. . . . And I was terrified of having a giant needle shoved in my spine. I didn't really want an epidural or all that. Plus, it's healthier for the baby and the mom.

Some of the participants described how limiting medical intervention is a core part of their belief systems and lifestyles. Molly comments, "I've been doing yoga since college and the mind-body connection really resonates with me. It only makes sense that since your body is intended to do these things, that we let it do that."

Trisha makes a similar statement.

I think it's just part of my lifestyle, really. I mean, I don't take medicine. Not for religious reasons, or anything. I just feel like food and nature can heal us, so I am kind of oriented that way. I have always lived a pretty healthy and I guess organic, natural, lifestyle. So I just knew that's what I wanted to do.

Several of the women noted how their parents' belief systems influenced their preferences. Mia comments, "I've just always been more into natural things. My mom had my sister and me both naturally and breastfed us both so that's always been the way I wanted to go with that." Other women described similar experiences:

The way that I was raised probably [influenced my beliefs]. My mom was very much a nursing proponent. She would ask – you kinda have to know my mom – but she would even ask my boyfriends growing up if they were breastfed because breastfed babies were best (Kate).

I've grown up with parents who introduced us to holistic medicine and co-op living and I think were a little more intentional about helping us seek alternative options or at least exploring options when it came to our health. That just carried into pregnancy as well (Julia).

Low-Risk Pregnancies

The women in the study perceived their pregnancies to be low-risk. Although they may have experienced common pregnancy symptoms such as fatigue and nausea, most of the women described their pregnancies as "easy," "healthy," and "great:"

It was, as far as they go, very easy. I never had morning sickness. I had some back pain or some hip pain or some trouble sleeping – nothing out of the realm of possibility. We joke that you can't have an easy pregnancy and an easy birth. [*Laughs.*] We got an easy pregnancy (Molly).

My pregnancy was really low-risk. Normal. I didn't have any problems. I was healthy. Exercised throughout it. Went all the way to 41 weeks with her. And then went into labor on my own. But the whole pregnancy I felt great. I wasn't really uncomfortable until about the last two weeks and then I was just kind of worn out (Mia).

My first pregnancy was great. I was one of those ladies who would say that I loved being pregnant. I never got sick. I had some food aversions but that's pretty normal when you're growing a human. I had regular weight gain. I didn't have a lot of fatigue. . . . I kept working out, I kept walking, I played tennis until I was 8 ½ months. I was very lucky. It was a good pregnancy (Angela).

I had a wonderful pregnancy. I gained very little weight. I gained, I think, 20, 25 pounds. I had very little morning sickness. Just occasional days of feeling a little queasy. I had one issue with elevated thyroid levels during my first trimester, which worked themselves out in a matter of a few months. I was doing really, really, well. Feeling fit. Had lots of energy (Julia).

I didn't even have morning sickness. I think on the whole it was pretty easy until the end. Things were uncomfortable. I ended up not going into labor until I was 41 weeks, 3 days pregnant. So at the end, it was very hard to move. None of my clothes fit. My belly was hanging out underneath my shirt. But on the whole, I was very healthy (Lilly).

Preparation for Childbirth

Most of the women in this study spent copious time learning about pregnancy and preparing themselves for childbirth. Laura comments, "I had been reading about [childbirth] for years before we even got pregnant. I just always thought medical stuff and childbirth was a fascinating thing." At a minimum, nearly all of the participants read avidly and took childbirth classes, and many also hired a doula:

Yeah, we took a childbirth class at the hospital. I read pretty much anything and everything that I could. Did lots of research online. We hired a doula. I talked to other moms. I talked to my doctor (Brianna).

I read Ina May's Guide to Childbirth by Ina May Gaskin. I also did some prenatal yoga. I talked to friends who had gone through various types of experiences. My sister-in-law delivered at the same hospital with the same obstetrician. I did a lot of mental preparation—as much as I could—not knowing what I was going to be entering into (Julia).

With my doula, we met for three or four times before going into labor and we kind of walked through the whole process. We talked about different interventions and how to avoid medical interventions, and we talked about what was important to me, which was vaginal birth #1, limited pain relief, staying at home and laboring as much as possible, and trying different positions (Claire).

We signed up for childbirth classes and after the first one we decided it wasn't for us. So we took a lot of videos online. My husband and I would watch videos online and find the trainings that were more geared towards what we were looking for. Then I read a few books. Of course, the What to Expect When You're Expecting and then a few others. More natural "what-to-expect" books as well (Angela).

In addition to their childbirth class, Julia's husband took a course tailored to fathers:

So when we signed up for this course, they offered a complimentary Saturday session that was four hours just for fathers, which I thought was great. It covered a variety of topics including everything from supporting your wife in these final months of pregnancy to things to be aware of as a supportive partner. So, pain management, what types of techniques to be thinking about on a basic level, and supporting through the basic process of childbirth. Then also some parenting topics related to thinking through what kind of father you want to be, related to the use of technology. How much information you want to share. What are the values you want to have during the time that you are in the hospital? Do you want to have lots of visitors? How are you going to talk through a lot of those details? . . . I think women have a natural way of sharing information with themselves. I don't want to completely stereotype, but I feel like it's common that there's often a seeking out of knowledge, and I think it was very freeing for him just to be in a forum where everyone except for one person, I think, was a first- time father. It was taught by a man who had three kids. So, in the environment it was very easy to ask questions and feel like everyone was in the same boat, but participants could also really enjoy learning from each other's answers and experiences, or lack thereof.

Susan remembers calling the hospital as part of her preparation. She remembers, "I actually called the birth planner at the hospital I wanted to deliver at and said, 'Here's what I want [in a care provider]. Who do you recommend?' They work with all the [doctors], so they gave me one to call, and I really liked her."

Interestingly, despite being well-prepared for childbirth in general, many of the women described being *unprepared* for a c-section. Brianna comments:

I didn't expect it. It hit me like a ton of bricks. I always knew it was a possibility, but the funny thing is, we had our very last childbirth class the night before she was born. It was the one where they take you around and show you everything at the hospital. We get to the room where they do the c-sections and I leaned over and told my husband, "I hope never to see that room." Never did I expect that 24 hours later I would be in there. [Laughs.]

Lilly, who planned a homebirth, describes the scene when they decided to transfer to the hospital:

It actually took us about an hour just to get out of the house because we didn't have a hospital bag packed. We didn't know where we were going. We had to get everything together. I'm sitting in the birth tub having pushing contractions and telling my husband, "Just grab a shirt, or a skirt. I don't care!"

Why are these women, who were otherwise so prepared for birth, unprepared for a c-section? In general, they just felt that having a c-section was unlikely. Julia explains:

I'm not sure that I was probably as clued in as I should've been. For example, you get a 120-page pregnancy guide. I didn't spend time pouring over the pages related to cesarean because I didn't really think it would apply to me.

Molly expresses a similar sentiment: "I ignored all of the c-section parts [of our childbirth class] because that wasn't going to pertain to me." She continues:

One of my friends said, "I didn't listen to any of the c-section parts and I really should have because that's what happened to me." And, I was like, "Umm, I'm not going to do that." Because I didn't want to... I'm just enough of a hippie-type thinker that I was like, "I don't want to put that out there," so I'm not going to think about it.

Angela had a similar experience. She shares, "I did not read about c-sections because I knew I did not want one so I wasn't going to prepare for it. I prepared for all the other options, but I didn't let myself read about it, because that wasn't an option for us." Trisha also felt that a c-section was unlikely:

We didn't do any research on a c-section at all. In our minds we thought we only fill our minds with positivity. If there's a problem, we'll deal with it when it comes up. . . I had going to the hospital as one of my fears, but not having a c-section. That wasn't going to happen, you know?

The thought the women put into their belief systems, the effort they put into preparing for their births, and the positive words the women used to describe their pregnancies all serve to reinforce the contrast between the women's expectation of a straightforward vaginal birth and an unplanned c-section.

CHAPTER 4: LABOR AND DELIVERY

The women in this study wanted a vaginal birth with limited medical intervention. Because they had healthy pregnancies that seemed to be progressing normally, they had no reason to expect anything other than a straightforward vaginal birth. But, at some point near their due dates or during labor, they encountered unexpected complications which led to an unplanned c-section. This chapter explores the experiences of hearing that a c-section is recommended, preparing for surgery, having a c-section, and seeing the baby for the first time.

A C-Section is Recommended

The women in this study were emotionally invested in a birth with limited medical intervention. Understandably, the moment when a c-section, a highly medicalized procedure, was first suggested, the mothers were filled with emotion. When Alicia was told her doctor had just scheduled a c-section she recalls, “The blood just ran from my body. Why are we rushing? Why are we in such a hurry to do this? I’m crying. There’s no holding the tears back anymore. I’m just upset.” She continues:

All these things ran through my mind. What’s that going to do to my milk supply? What’s that going to do to [my daughter’s] ability to latch? Is she not going to be with me in the room? Are they going to have to take her away from me? I’m checking off all of these things that I didn’t want to have happen that are now going to have to happen because I have no control over it anymore.

Rose also had a strong reaction to the news that she needed a c-section:

A nurse came in and stood next to me. I don’t even remember her name because everything happened so fast. She was like, “I’m such-and-such, and you’re going to need a c-section. We need to get this baby out right now.” I just started crying because I didn’t want that.

When Brianna was told she needed an immediate c-section at a routine prenatal appointment, she called her husband with the news. She describes sobbing so hard that he had difficulty understanding her. She felt:

Devastated. It wasn’t what I wanted at all. I wanted the least medical intervention possible and ended up with the most medical intervention possible. I was scared. I’d never had any kind of surgery ever. Most of all I just wanted a happy, healthy, baby. Like any new mom, that was my primary concern, but not really how I wanted it to happen.

Fear was commonly mentioned. Giving birth was the first time most of the women had been a patient in a hospital, and that alone was anxiety-inducing. Receiving the news that surgery was advised was even more frightening. Angela describes her experience:

I started crying. I'm not sure if it's because I was so exhausted and felt defeated at that point. I was terrified because I had no idea what to expect. I didn't feel prepared. I kept saying, "Can you tell me what's going to happen?" This is as they're pushing me in and trying to prep me. They were ok at "we're going to do this" and "she'll get the baby." I wish they would've told me a little more. I also was mad at myself for not preparing for it. I feel if I'd read a little more about it, like what exactly happens, what can you expect, I would've been more prepared. But because it wasn't a part of our plan and I was so against it, I had refused to read anything about it, so I was really scared. Really scared.

Ashley's feelings were similar:

My doctor just kept coming in and out. She had brought up [having a] c-section awhile back, but we were just kind of really hoping we wouldn't have to do that. My epidural had completely worn off and I was really in a lot of pain. But once I had the fever, they pretty much didn't give me an option. They were like, "Ok, we're going to take you back." It wasn't a "rush-her-back," but it was "Ok, we're going to prepare you for a c-section." . . . I was scared. I had never been in the hospital, ever. I was born at home so never, ever. The worst I've ever had was blood drawn, and my wisdom teeth out. I was just a real newbie at all the hospital stuff.

Trisha describes trying to avoid the c-section for as long as possible:

I was 100% against the c-section, so I said, "Let's try [a drug to augment labor]." I was like, at this point I've already had an epidural, so whatever. Just give me whatever you've got so I can have this baby vaginally. I've never been in the hospital in my life. I've never hurt myself dramatically. Being in the hospital, in a hospital bed was really, really crazy for me. The thought of having surgery on top of it was like, no way.

Other women described feelings of acceptance and relief. Lilly comments, "The doctor looked at me, and said, 'Oh, yeah, you're going to need a c-section.' I was ok with that. It didn't bother me at all." Her labor had been so painful and exhausting that she was ready for it to be over. Lilly had planned a homebirth, but describes her feelings after the decision had been made to transfer to the hospital:

Honestly? [Happy] that I was going to be somewhere I could get pain relief. Even though they said, "Oh you can't get an epidural," I thought, "I'll get an epidural. Surely they won't make me suffer." I actually felt relieved that we were doing something that should help the baby get out. At that point, I will be honest. I was not concerned for her welfare. I was more concerned by the fact that I was tired and had been in labor for so many hours.

Laura, who had labored for many hours, accepted the c-section as a necessary last resort:

At 41 hours, her head had still not descended and my doctor just felt like it was time. It wasn't going to happen [any other way]. [My doctor's] like, "We could be here for a week. You just have a lousy labor." She's just

very matter-of-fact about everything. At that point, I felt like I had tried everything. I'd done everything. I had my birth class instructor there. If she couldn't help me get the baby out, I'm destined for the c-section. We tried everything.

Julia, who also had a very lengthy labor, was advised to have a c-section when her labor was not progressing. Because this suggestion was not made during an emergency, she felt like the decision to have the surgery was hers. She explains:

I had definitely had a few teary moments. [The doctor explained], "You have a lot of resolve. You probably could [labor longer], but your baby at some point is not going to be able to continue feeling this pressure and strain. When we see the heart rate go down, it's something we're really monitoring. We don't want this to endanger your child." So, I discussed it with my husband and I just kind of felt like, I'm not going to toy with our baby's safety, so I will submit and the cesarean seems like the wisest option. That's what I'm going to do. One of the hardest things is that ultimately it did become my choice. . . . Once I had that resolved moment, I was ready. They were ready in half an hour and we went to surgery.

Two of the women in this study have had two c-sections. (Both c-sections were unplanned for both women.) They share the experience of responding more peacefully to their second c-section. Kate was trying to deliver her first baby at a birth center. When her midwife recommended a c-section, she describes being "devastated and crying." She notes, "I remember that it was sort of unbelievable. It was like one of those, 'This is my worst nightmare' moments." But, the decision to have a second c-section was quite different. She explains:

Finally, after 40 minutes, the nurse said that the baby had not moved and probably would not come around my pelvis. They suggested that I try to push in a different position. But, I miraculously knew that I *wanted* a c-section. And, once I made that decision, I could not wait for more pain medication! . . . All I could think about was seeing my baby.

Claire's experience was similar. She describes being "disappointed" with her first c-section, but accepting of her second one:

I'm ok with the way things went. I feel like I tried really hard to have a vaginal birth and I tried really hard to not have any interventions but there comes a point where you have to just say, "Ok, it's been 24 hours. I don't want to harm my baby, and this just needs to be over."

Preparing for Surgery

The period just before the c-section seemed surreal for many of the women. At this point, the decision had been made to proceed with the surgery, but both the women and their care providers had to prepare for the surgery itself. Some of the women had compassionate health care providers with them who were telling them what to expect:

My midwife's assistant was there and she's had a c-section, a homebirth, and a natural birth in a hospital, so she has lots of experiences. She told me from start to finish everything that was going to happen in a c-section, how I'm going to feel. She told me everything. That was our only preparation for it. More than what the doctor prepared us for (Trisha).

Julia also felt that her care provider was very caring, but notes that preparing for the surgery is about more than just conveying information:

The doctor, he was very succinct, but also I felt like he seemed very compassionate. Very personable. But I don't think anything can really prepare you. No person can prepare you in the way that you need to prepare yourself, or that I needed to prepare myself.

Some of the women also remembered some of the more physical aspects of preparing for surgery:

I walked myself down to the operating room. They said, "Do you want to walk?" [*Laughs.*] I'm like, "Yeah," so I walked down there, leaking amniotic fluid all over. It was one of those memories. I remember walking down the hall with my IV pole (Laura).

I remember getting shorn. I'm a hairy person anyway. Well, ok! Here we go! Here's a whole new element of "it's all out there!" . . . I remember just being very cold and shaking and being completely naked, and just letting it go. Just knowing there wasn't any way I could fight it, and this is the only way that I was going to get my baby (Julia).

I was bawling and they were throwing papers in my face. I have my ears pierced in multiple places and I have my tongue pierced and so they were trying to get me to take off my metal stuff. I couldn't get it out and I was crying (Emily).

They took me back to the operating room, and I was naked, I think. I remember they have to lift you and the sheet over the operating table. Something wasn't right so then they had to lift me back over, all while I'm throwing up into this little dish (Ashley).

Most of the women also had vivid memories about the anesthesia. Susan says:

I remember one of the nurses [who helped administer the anesthesia] looked like a frog. She just let me cry when they did the spinal because they didn't allow anybody [I knew to be in the room with me]. She looked like a frog. I don't know what her name is.

Recall that many of these women spoke of their preference to have an unmedicated birth out of concern for their babies' health, but also because they feared the mechanics of having medication administered in the spine. Rose remembers, "You have the anesthesiologist tell you, 'I'm going to give you an epidural. Tell me if you feel this.' I'm sitting there literally shaking. He's like, 'I need you to stop shaking.' How am I going to stop shaking? I'm freaking out!"

Many of the women described a fear of feeling the surgery:

So, they were giving me more drugs. I can't remember how they did it, probably through the IV at this point. I remember the doctor saying, "Oh, that should be enough." And I'm like, "I can still feel pain." She said, "Well can you feel pressure, or can you feel pain?" "Well, I feel pressure, but I can still feel the pain." Because she was pinching me during the tests. I said, "Please don't start yet, because I can still feel the pinch" (Ashley).

I cried the entire time. It wasn't like crying hard, I just could feel tears coming down. It was really scary. Really scary. When they first started preparing me and they were doing the "Can you feel this? Can you feel this?" to make sure you're numb, I could feel one of the pricks which is really scary because I was afraid they weren't going to make it to where I couldn't feel it, but they did. I think it was the scariest thing I've ever been through (Angela).

I remember saying to the anesthesiologist, "I do not want to feel this." He's like, "You've been in labor how many hours? And you were ok with feeling that." I said, "Yeah, but I don't want to feel this. Make sure I'm numb." I'm pleading with him. Looking eyeball to eyeball. "I do not want to feel this. Whatever you've got to do, I do not want to feel it." I remember him poking me with a needle or a pin or something. "Feel this?" I'm like, "Yes." He said, "Really, you still feel this?" I'm like, "Oh, yeah, oh, yeah!" I was so afraid that I would feel something, that I was going to feel her actually cutting (Laura).

In addition to their own fear, several of the women mentioned how upset their husbands were, especially when not allowed to be in the room while the anesthesia was being administered.

I remember right before we went into the OR, my husband and my doula were outside of the room because they were going to take me into the room first to give me more anesthesia without anyone being in the room. I looked at my husband and he looked so scared. I've never seen that look on his face, ever (Trisha).

They didn't let my husband come into the operating room with me right away. He had to stay out and get dressed. I think they were giving me a spinal tap, so they don't let your husband in there. I think that was really hard for him (Kate).

The effects of the anesthesia itself were also mentioned by many of the women.

(Susan) says, "I did not like the anesthesia at all. It made my legs feel weird. I hated it."

Alicia elaborates:

It's the weirdest thing in the world not being able to feel anything from chest down. You think, in your brain, "I'm going to move my toe!" But nothing's moving. But in your brain, you're like, "Wiggle, wiggle, wiggle! It's moving like crazy!" And nothing's moving. It is so bizarre. And not fun.

But, as Claire notes, pain relief can improve a laboring woman's mood!

When I got pain relief and was on the table in the operating room, I remember joking with everybody too. I was so mean to them [before the medications], and I felt bad. I remember saying, "As long as I'm not in pain, I'm a really nice person. I promise!" [Laughs.]

The C-Section

The c-section itself was very emotional for the women. Faced with a surgery they did not anticipate, after difficult labors and unexpected complications, they describe fear, exhaustion, and disappointment. But, they also found courage and strength. Trisha remembers:

When I got into the [operating] room, I had this second where I started to cry and I felt like I couldn't do it. Then I just sat there, and I was like, ok, women elect to do this every day. Every day there is a woman that says, "I have to go have a c-section at 3pm." I know women like that. I was like, ok, I've got to deal with it. So I mustered up whatever courage I could.

Experiencing a c-section also meant realizing a loss of a control. Laura comments:

I had such an active part of all that labor and then suddenly I don't do anything and my kid is here. It was so strange. Having to have that long, long labor and feeling like I was in control of it. And then I didn't have any control whatsoever.

During a c-section, a woman's arms are extended and often restrained, which is a loss of physical control. Mia says, "I remember it feels like you're on a cross. My arms were just out." Julia elaborates:

I just remember, for me, a really powerful moment was when I went into the [operating] room. It was white and freezing cold. . . . Feeling so exhausted, my body was just kind of done. I remember being strapped to the table, with my arms out and I felt... I'm a Christian, and the image of Jesus on the cross was very strong to me because it was all about submission. I felt that, for the greater good of my child, I was submitting to this thing that could potentially cost me the function of my legs.

Several of the women did make requests which were honored by their care providers, helping them to feel a little better. Susan asked for her arms not to be restrained:

I did tell them that they weren't allowed to pin down my arms, that I wanted my arms free. They said I could do that as long as I didn't mess with their [equipment]. Which I didn't. I was able to just hold [my arms] on my chest because it was comforting.

Laura remembers wanting to see her placenta while she was in the operating room:

I got to see it. They were like, "Why would you want [to see that]?" I don't know, I just want to see it. That's what sustained her for all those months. Maybe I was just fascinated that my body actually did something

right after all the infertility. . . . It was pretty cool! I actually have pictures of it. My husband is like, "You are a weirdo."

Many of the women commented on the small-talk among the medical team while in the operating room, and how it made them uncomfortable:

For me, the idea of having the surgery is already scary. The idea of having surgery while awake and conscious is almost unfathomable. . . . That whole experience is just so surreal, though, of lying there and knowing that this is such a huge moment in your life, and they're talking about what they're doing for the weekend (Laura).

They were playing music and laughing and I'm thinking, "Is this normal? I'm getting ready to get cut open. Is this what you guys do?" I kind of felt like it was kind of unprofessional because I was so scared and everyone's just [talking] but I guess if you do that all day I can see where it can become routine. But for someone who's never had a baby, it was really scary (Rose).

I wanted quiet. I think births should be more silent and I don't want people talking. And people talked through the entire thing, and it really bothers me. If they ask [I say], "I'm a Scientologist, so I can have a silent birth?" [I'm not, but] that's what I tell them, because they can't argue with religion. I don't actually want people to talk while I'm in labor or giving birth. When people talked to me in the operating room, it bothered me and I was just completely overwhelmed. It was kind of like a bad dream that I keep replaying at this point (Susan).

Many of the women have vivid memories of the physical sensations during the surgery. Mia says, "I remember feeling tugging. It was kind of weird because I knew they were cutting me open. Then when they were taking her out I remember feeling the tugging a lot." Brianna also mentioned the tugging:

You don't feel them cutting, or pain, or anything like that. But you can feel them tugging. I could feel when they broke my water. I remember my doctor saying, "We're getting ready to break your water" and I could feel the warmth. I definitely felt different things. It's the strangest thing. Then the morphine kicked and I just remember itching. Like crazy.

Angela is more graphic in her description:

I felt like I was being eaten by dogs. I couldn't feel the pain, but I could feel the tugging. I'm sure it's the drugs and the lack of sleep too, but in your mind, you're like, this is what it feels like to die. To experience being eaten alive, and not actually be dead yet.

Alicia and Angela describe how difficult it was to stay awake during the surgery:

They tell you those meds aren't going to affect anything, but I was groggy. I was very sleepy. All I wanted to do was take a nap, but my body was like, "You have to pay attention, your daughter is coming. Be in the moment" (Alicia).

I think I might have even—not fallen asleep—but kind of passed out afterwards because I don't remember all of it. I remember kind of focusing in and out on what was going on. But once we heard [my son] scream, I think I fell asleep because I was just so exhausted (Angela).

Watching the women go through surgery was hard on their partners as well. Rose says, "I remember [my husband] was sitting next to me and he was worried. He said, 'Please don't close your eyes.' He had said my eyes were rolling back in my head and he was like, 'Is she ok?'" Other women describe similar experiences:

My husband is extremely squeamish. He was sitting next to me holding my hand the whole time and I remember looking over at him and seeing him sinking down in his seat, and saying, "What's the matter? Are you trying not to see anything?" That's exactly what he was doing (Brianna)!

Then immediately after [the surgery], I just remember shaking. From the hormones and I think from the medication too. I was trembling nonstop, and my boyfriend was getting freaked out because he thought I was dying. He told me that after the fact. He thought I was dying (Mia).

Angela remembers, "My husband was freaking out. I was squeezing his hand because I was scared, but I could feel him squeezing mine even harder because he was watching. I kept thinking, 'You are not being strong at all right now.'" But, Angela's husband was also interested in the medical aspects of the surgery. She says, "My husband would describe it as, 'It was so cool. There was so much blood and this came out and this came out and then, my gosh, your uterus was so big.'" But she is sure to note, "That's not how I remember it because I didn't see anything. I just *felt* what was going on. It was so scary."

Several of the women commented on how comforting it was to them to have someone with a medical background in the operating room who was describing what was happening during the surgery and reassuring them that everything was happening as expected. Laura's childbirth instructor, who was also a nurse, was by her side during the surgery:

I was really glad to have somebody there because I'd never had surgery before. It was terrifying. Well, I've had my wisdom teeth [removed]. That was the only thing I'd ever had done. So, the idea of lying on the table being cut open? It's like the most horrifying thing that I could think of. So it was good to have somebody in there with me that I knew and who could kind of tell me what to expect.

Angela and Brianna had particularly sensitive anesthesiologists:

The anesthesiologist was holding my other hand and was pushing my hair off my face and he was talking me through everything. He's like, "It's looking good. They can see the baby. Everything's looking fine. Nothing

looks abnormal.” He did it the entire time. I don’t even remember what his name was, but he was the rock in that room at that time (Angela).

The anesthesiologist talked to me more than the doctors did. She was on my left and my husband was on my right and she kind of let me know what was going on and what they were doing. It was helpful because even though it wasn’t my ideal birth, I still wanted to remember it as much as I could (Brianna).

Seeing the Baby for the First Time

A mother seeing her baby for the first time is an iconic moment. Brianna describes meeting her daughter as:

One of the most amazing moments of my life. I’ll never forget it. I don’t believe in love at first sight, except for that. . . . I just remember falling in love immediately. Even though I was so itchy, and was still numb, [I remember] thinking, “This is the best thing that has ever happened to me.”

But, the physical and emotional effects of having just experienced a c-section can cloud this moment, evoking powerful emotions in many of the women. Many of the women were frustrated by the c-section causing the moment they got to meet their baby to be delayed:

They didn’t bring him over right away. . . . I think it’s because I was so out of it, they were kind of afraid to hand him to me. But I was upset too. That’s my baby that you just tore out of my stomach, and you haven’t even put him on my chest yet. I did not get to hold him in the [operating] room. I don’t know if that’s normal or not. They showed him to us, but I didn’t get to touch him (Angela).

The only thing that the doctor was worried about from the time [my daughter] was delivered to the time they actually gave her to me was: How much does that baby weigh? How much does she weigh? How much does she weigh? How much does she weigh? I’m like, “Can I see her?” They took her out and I heard her cry and then there was this fuzz of motion. I vaguely saw her little face as they ran her past me. They didn’t even stop for me to see her before they took her to go start checking her and making sure she’s ok. [*Sighs.*] It was a sense of loss. She’s not there anymore. Where did she go? I could hear her crying, and I couldn’t comfort her. I should be holding her (Alicia).

Because of anesthesia and general exhaustion, some of the women do not remember meeting their baby for the first time:

I don’t remember seeing her for the first time. I don’t remember any of it. It bugs me a whole lot, especially because, I remember seeing her, and I remember she was all wrapped up, and I know she had a hat. But I cannot picture when I got to hold her for the first time. I can think of other times [I held her], after that, when we were already in the postpartum room. My husband has kind of filled me in on that. But I don’t know, for myself, what it was like (Emily).

I was so out of it once the baby was born, that [my husband] was left with our child for two hours plus before I could even touch the baby. I think I reached out and touched [our son]. There's a picture or something, but I don't remember it. That makes me so angry, not remembering my child being born (Molly).

Similarly, Trisha was very disappointed that she did not get to see her husband's reaction to meeting their son for the first time:

The one thing that hurt me the most of the whole thing was when they brought my son out. My husband is 42 years old and he's never held a baby in his entire life. This was the first time he was ever going to hold a baby and it was going to be *his* baby. I couldn't see his face because he had a surgical mask on. I couldn't see what his expression was. When I was alone with my baby, I thought about that. That, I think, is the one thing that hurts me the most about the whole thing.

Some of the women were saddened because a physical response to the surgery kept them from being able to hold their baby right away.

Then I go back to my room and my mom and dad are there and my son came in and I got to see him, but I was still so drugged up. I wish I remember what they give you but it makes you shaky. So I was really shaky. I kept saying I'm freezing. I was just so disappointed because I could not hold him because I couldn't stop shaking. I couldn't even figure out how to hold him (Rose).

I was feeling fine, except I didn't want to hold him right away because I was so shaky from all of the drugs. So, I wouldn't even hold him for a whole hour afterwards because I didn't trust my arms, which is also something that I never saw happening. So, I had my mom hold him, and my sister hold him, and my husband hold him, all before I even held him. Now it makes me feel sad (Ashley).

Like Ashley, many of the women were disappointed not to be the first to hold their babies.

I remember being upset that I wouldn't get to hold her right away because that was something that I wanted. I wanted to be able to hold her and to nurse her right away and I knew I wouldn't be able to do that, obviously. I think that my first words to my husband were, "She's so beautiful." I just couldn't wait for them to get done with me so I could hold her and see my family and everybody and let them know I was ok and everything, and give my husband a hug. . . . I know looking back at some of that that everybody else got to hold her before I did. It makes me a little sad (Brianna).

I remember seeing him, and I was so sad. This makes me so sad. All the nurses were holding him and I couldn't even talk. I just wanted to hold him so bad. I was crying because my husband was like, "He's so cute!" Then they weighed him and he was like he's 7 pounds and I was so happy because he was bigger than I expected. But I'm sad because I

didn't get to be the first person to hold him. I wasn't even the fourth. I was like one of the last people to get to hold my son (Rose).

Some of the women were concerned that the delay in getting to hold their baby would affect their bond with the baby:

[My husband] couldn't get [my daughter] into a position where I can really see her because turning my head makes me even more nauseous so I'm trying to stay in one position. Everybody's running back and forth and that's not helping either. There was really no bonding for that first hour while they were sewing me back up (Alicia).

I was so tired by the time that she arrived, I was kind of glad it was over. But hearing her cry was just so strange. Nobody really said anything to me. They were just concerned about sewing me back together or whatever. My husband's over there with Baby. I'm like, "Is she cute? Does she have hair? Is she little? Is she big?" I just had no idea. . . . While they were finishing surgery, they brought her over so I could see her. You really can't see much between the bundling and lying down and all the drapery. I looked at her and I really thought that I was going to feel this bond. That she would seem familiar to me. But she didn't. It was almost like they brought me somebody else's kid. I just didn't feel any connection. I don't know if that's because of the c-section, or because of the long labor. Maybe it was just me, I don't know (Laura).

Laura continues, contrasting her response with her husband's:

There was a picture of him in the delivery room when he just abandoned me. He's all garbed up and he's got the mask on and somebody took a picture of him. He's holding her and he was just beaming. He was so proud. I was like, "How is it that he has that [bond], but I don't?" . . . [It bothered me, but] I also understood. I was just more scared. I knew I was still opened up on the table. Here I am having a major surgery and he's like, "Welp, see you later!" After ten years of marriage, "Welp, see you later!"

The women in this study experienced an unplanned c-section, so the moment they met their baby did not go as they envisioned. It is comforting to think that at least there are photographs of the moment. Although most of the women did get photographs or video of their babies shortly after birth, sadly this was not always the case. Susan remembers, "[The doctors] wouldn't let the camera go into [the operating room] because our camera is too big. . . . There are no pictures of my son after he was first born, and that's very upsetting."

Labor and Delivery: Analysis

Fear is one of the dominant emotions described by the women in this chapter, from the moment their care provider recommended a c-section, until the surgery was complete. Some were afraid to have spinal anesthesia administered, and multiple women also felt

pain after the anesthesia was administered leading to the fear of feeling pain during the surgery. For many of the women this was their first stay in a hospital, and their first major surgery. The stress of the surgery may be amplified for women who were emotionally invested in a birth with limited medical intervention. In addition to fearing the surgery itself, they also have to reconcile the realities of the birth they are about to experience with the birth they envisioned. They also must do so quickly, as their c-sections were unplanned. This adds additional layers of stress to an already stressful experience.

In addition to fear, these women were exhausted; many of the women in this study had labors spanning multiple days. In a situation perhaps unique to c-sections, the women are also fighting the sedating effects of the pain medication because they want to remember the moment when they first meet their babies. Alicia mentions how she struggled to “be in the moment” so she could meet her daughter, and Angela had a difficult time focusing on what was happening during the delivery. Laura was so tired that by the time her daughter was born, she was just glad it was over. Most of the women in this study who went into labor delayed the c-section until they felt it was inevitable; exhaustion was an experience shared by most of the women interviewed. This exhaustion led many of the women to grieve for moments they do not remember. Although long labors are not unique to women who wanted a birth with limited medical intervention, women who have planned c-sections or unplanned c-sections after shorter labors may not experience the same degree of exhaustion going into the surgery, so their experience of the c-section itself may be more positive.

Another prevalent theme in this chapter is the loss of control. Alicia felt her doctor was rushing to schedule a c-section before it was necessary. Laura mentions feeling like she had control during her long labor, which was then gone during the actual delivery of her daughter. Mia and Julia mention being physically restrained during the surgery, which is a loss of control over their bodies. Susan wanted more control over the amount of talking during her delivery, but her feelings were not respected. When Lilly’s daughter was born, she was vomiting, and couldn’t hold her immediately. Rose and Ashley were shaking too hard as a result of the medications to be able to hold their babies shortly after they were born. Alicia wanted to see her baby when she was delivered, but felt the medical personnel were too harried to stop by her side. Women who wanted a birth with limited medical intervention wanted such a birth, in part, because it would give them more control. Limited anesthesia would allow them to be

more lucid; limited monitoring allows more mobility. So, losing control of the situation was described by most of the women as a very difficult experience.

Some women handled this loss of control by submitting to the situation. Julia recalls “just letting it go,” and Trisha felt like she had “mustered up the courage” to get through the surgery. Though at the same time, some women also managed to retain a degree of control over the experience. Kate and Julia felt like the decision to proceed with the c-section was ultimately theirs. Similarly, Claire and Laura felt like they had tried everything possible to deliver the baby vaginally, and that a c-section was what needed to happen for their babies to be born safely. Laura walked herself to the operating room, a strong act of autonomy. Susan asked for her arms not to be restrained, and Laura asked to see her placenta, and both requests were honored.

Although performing a c-section may be routine for those in obstetrics, compassion and empathy from their health care providers was very comforting to the women, perhaps because it made the situation seem less out-of-control. Julia’s doctor complimented her resolve during labor. Laura’s doctor was very matter-of-fact about her “lousy labor,” reassuring her that no matter what they tried, the baby was not going to be able to be born vaginally. Trisha noted how well her midwife’s assistant described what to expect during labor, and Angela and Brianna had anesthesiologists who talked them through the surgery.

After the surgery was over, anger and sadness became the dominant emotions because of the surgery’s influence on the mother’s first moments with her child. Molly was angry that she didn’t remember her son’s birth. Trisha was deeply disappointed she could not see her husband’s reaction to holding their baby for the first time. Ashley, Brianna, and Rose were sad that they were not among the first people to hold their baby. Laura felt abandoned by her husband when her daughter was born (though she understands his response). Susan was angry that the doctors would not allow her camera into the operating room, preventing her from photographing her son’s first minutes. These feelings may be especially acute for women who wanted a birth with limited medical intervention. Because they had thoughtfully envisioned the birth, many of the women had a very clear idea of how the first few moments with their baby would go. They rejected anesthesia, in part, so they could be clear-headed after the birth. As expected, many of the women grieved when those moments did not go as hoped.

Fox and Worts (1999) describe how maintaining control during labor and delivery is very important to some women. They describe how a loss of control during the birth

and unhappiness resulting from medical intervention can lead some women to perceive their births negatively. This was true for many of the women in this study, as the next chapter explores.

CHAPTER 5: POSTPARTUM EMOTIONS

Throughout the interviews, the women describe a c-section as an emotional experience. Most of the women emphasized the importance of acknowledging that just as it takes time to heal physically, it takes time to heal emotionally. This chapter describes some of the emotions that many of the women experienced during their postpartum period including isolation, anger, guilt, shame, and grief. Although there were emotional setbacks along the way, eventually, most of the women found a sense of peace and acceptance.

Isolation

After returning home from the hospital, the women faced recovering physically from surgery, processing emotions related to a birth that did not go as they expected, and trying to care for a newborn. It was a time when the demands on them were many, and help was needed. But, a very prevalent theme described during the interviews was feeling isolated.

Many of the women reported finding it difficult to find someone to talk to about their experiences. Some of the women tried to find support from their family members, but were not always successful. Rose explains, “I can talk to my husband, but he doesn’t really understand. ‘At least [our son’s] here, and he’s healthy, and he’s safe, and you both are safe.’ Yeah, that’s good, but I’ll always be saddened by [the experience].”

Julia was able to talk to her husband, but because he had to return to work shortly after their baby was born, she too felt alone. She says, “What was hard was that I suddenly felt very isolated because my husband went back to school. He leaves at 5:30 in the morning and gets home at 5:00 [in the evening].” Her sister was going to come to stay with her during her early postpartum period, but had some unexpected health problems which prevented the visit, and her parents were working full-time. Despite Julia’s efforts to line up social support for herself, circumstances beyond her control meant, “The people that I most naturally would’ve felt completely vulnerable and like myself around were not really available to help.”

Laura’s mother has passed away, and Laura felt this absence especially strongly after the birth of her daughter:

It’s a big missing piece, not having my mom to talk to about [my feelings after the birth] and to help figure it out. I wonder if she maybe felt the same way [I do]. My sisters told me—when I was born, they were 14 and

19 so they were kind of wrapped up in their own lives—that mom spent several days in bed after she came home from the hospital with me. I almost wonder if some of it was, “What the hell did I do? Here I am 43 years old, I have a 10 year old, a 14 and a 19 year old, and here I am starting this all over again. What?” I kind of always wonder, “Was she lying in bed because she was depressed? Or just physically exhausted?” I wish I could talk to her about all that.

Many of the women had no better success finding support from their friends. Trisha says, “I did feel abandoned by a lot of my friends. I felt like nobody really wanted to deal with my emotions.” Rose also felt alone, commenting, “I wish [my friends] could’ve come over to help me out. Even ask me how I was feeling. I would tell them how I had a c-section, and they would say, ‘Oh!’ Then that was the end of it.” Sometimes this was because they were the first among their group of friends to have children:

It was really hard to find somebody who “got it.” No one else my age had kids, really. Even our closest friends who have kids now, didn’t have kids then, so they didn’t get it. So, it was a big challenge for me just to figure out where to unload all that. Who is going to care (Emily)?

I think that being a stay-at-home mom is really hard because people would say, “I’ll come over and we’ll still be friends after you have the baby.” Since I’m so young, I’m the first out of a lot of my friends to have a child and they wouldn’t come around. So I was isolated in the house with my son. I would want to go out, but I physically couldn’t because for the longest time [after a c-section] you can’t lift anything bigger than him. I could barely do that (Rose)!

Susan reports feeling like her needs were ignored in the presence of her baby:

I wish [my friends] were more compassionate and more willing to listen or understand, even if they don’t “get it” themselves. That they at least tried better. I felt like as soon as I came home from the hospital I was forgotten about. They always saw the new baby. He was cute. . . . I was lonely. I was in pain. I had an older child that needed taken care of and I had a new baby who wasn’t nursing well. I wanted company. I wanted sleep. I wanted compassion from somebody.

A complicating factor is that when people were willing to visit, this sometimes created more stress for the women. Brianna says, “I would recommend to any new mom, ‘Do not allow people to come to your house the second you get out of the hospital. [You are just] too emotional.’” Molly elaborates, describing how she felt when returning from the hospital. “I really felt like a blur. And physically weak. And emotionally all over the place. And I am a very emotionally aware person but I’m also a pretty strong person, and I did not feel strong. I felt like a crazy lady.”

Angela remembers feeling like her need to care for herself conflicted with her need to care for her visitors:

[When I came home from the hospital] I really just wanted to go home and go to bed, and I knew that wasn't going to happen. I'm also the host and the one that wants to make sure that everyone's happy, so I knew that I'd be very torn between my need to take a nap and my need to make sure everyone has what they need.

Laura describes how behaviors that her visitors may have thought were helpful, created stress for her:

This was [my in-laws'] first grandchild. My husband's siblings are both gay and neither one of them want to have children. So, this [baby] was monumental for them. They had to be here. At that time I was really stressed about all that. Not wanting them in my space. Worrying about how I am going to bond with the baby if their idea of helping is to hold the baby all the time.

Some of the mothers did not find comfort when they were alone, either. Ashley says, "I pretty much abandoned myself as a person. Pretty much my whole world revolves around [my baby]."

Anger

Many of the women described feelings of anger as they recovered. Sometimes the anger was directed at specific events. Emily says, "I need to get over being super angry about not holding my daughter." Sometimes the anger they described was a general emotional state, directed at nothing in particular. Ashley comments:

I've always been a really calm, easy-going person, and I just feel like I have some anger issues now. And anxiety. I have a lot of anxiety. I don't know why. . . . When I think about how everything happened [during the birth], it makes me more anxious and kind of angry.

Angela describes how insensitive comments made by others affected her saying, "There are things that still make me angry, like comments people make. You hear guys say, 'Well it can't be worse than getting kicked in the balls.' I really want to wring their necks." Other times these comments are meant to be benign, but are still hurtful:

I still get jealous or a little angry when I hear people talk about their great labor. My friend just had a baby. She's less than a month old, and we went and saw her and the baby. She went into labor at 7:00 and delivered at 11:00. I'm not angry at her, I'm angry in general. That's what our [labor] was supposed to be like and it did not happen like that at all (Angela).

Several of the women also felt angry with their babies. Rose says, "I was in so much pain. It made me mad that I couldn't do anything, and I kind of resented [my son] because I was in so much pain. This is so stressful. It makes me so sad, thinking about it." Susan had a similar reaction:

I was mad at my son in a way because he wasn't smart enough to be normal. If he would've just been positioned right [to be born vaginally], neither one of us would be going through either of these things. It was just weird. There's no real good way to explain it. It wasn't like I hated him. I was just frustrated and mad at him for it. He should've known better. 95% of babies born all over the world can figure this out!

Guilt

Another emotion many women described feeling during their emotional recovery process was guilt. They blamed both their actions and their inactions, frequently wondering if different decision would have led to a vaginal birth. Claire says, "I felt guilty in a way. I kept thinking, 'What could I have done differently to have a vaginal birth?'"

Some of the women questioned their preparation during pregnancy. Molly says, "I don't think it would have changed anything if we had gone to a [birth preparation] class, but you wonder." Alicia remembers thinking, "Could I have done more? Could I have lost more weight? Was that the problem? . . . Did I miss something? Did I not do something right?"

Some of the women wondered whether they could have made different decisions during labor:

I felt like I had failed my son in some way. I kept going through it in my mind, and I've learned since that part of this is truly my personality. I have very high expectations, often unrealistic. Perfectionistic tendencies. I kept thinking, "What could I have done? Should I have bounced on the ball longer [during labor]?" [I had] a sense of guilt that if I had done something differently, maybe my son would've been born differently and wouldn't have needed a cesarean (Julia).

A few weeks after my delivery, that's when I started to feel really upset and sad. I just get really down about the way that everything played out. It didn't hit me right away that [the delivery] went completely opposite from how I wanted it to. But then, I just felt like it was all my fault because I was impatient and I agreed to being induced. I agreed to getting the epidural and everything happened as a result of me being impatient and just making all the wrong choices (Ashley).

I also sometimes second-guess myself, especially now that I can't remember everything. Did I push as hard as I could have? Did I have to go for the c-section right when we did? Was I as tired as I thought I was? Why didn't my husband tell me to keep pushing? Could I have kept pushing? Was I just tired? Did I take the easy way out (Angela)?

If we had given [our daughter] another week [before delivering her], would she have moved down [into a better position to be born]? If we'd given her just a little more time, would she have done it on her own? Was there something I could've done at home to get her to go where we needed her to go? Looking at the midwife I had, I think she was more clinical than

other midwives I could've had. So I'm wondering if I had someone a little more crunchy, if I would have more options given to me (Alicia).

I always wonder if [the c-section] was because I was in labor so long. Is it because of how long we waited? Part of me thinks that if we had just had him on Wednesday after that heart rate problem, that it wouldn't have been like this. But then I know at that time, I would've been "Arrgh, but what if I had waited?" So, I don't know. I don't know (Molly).

Claire remembers feeling as if she had let others down because she had a c-section. She says, "I'm friends with two other women who were pregnant at that same time with me who were in our [childbirth] class. Our kids are friends. I still feel guilty talking about [the c-section] with them, or my instructor."

In addition to guilt about their pregnancies, labor, and delivery, many of the women also felt guilty for being guilty. Angela, who struggled with infertility, struggled with these emotions during the postpartum period:

I felt bad complaining because I'd asked and I'd prayed for so long to have my son that I didn't ever want to complain about any of the things that came along with it. But at the same time I was miserable and I wanted someone to feel sorry for me.

Mia remembers feeling similarly:

I felt so awful too. It was depressing me, and I felt like I was supposed to be so happy. Here I was home with this beautiful baby. My life was better than it's ever been. . . . I thought it was going to be hard, but that I would be awash in this postpartum glow and be so happy and everything would be wonderful. But it was really stressful, and I cried a lot. I would randomly burst into tears.

Shame

Many of the women remembered feeling shame and a sense of failure when they thought about their births. Lilly says, "I felt like a failure for a long time. I failed at birth. Then I failed at breastfeeding. When you have that emotionally, combined with the normal post-pregnancy chemicals, I think it affected me." Kate and Ashley felt similarly:

Everybody in my family had pushed out a baby. My mom did and my aunt had homebirths. I remember feeling, "Why couldn't I do this?" Even when I was pushing, "Oh, you're pushing great. You're doing a great job. That was a really great push." Ok, why didn't the baby come out? I knew that it was possible and that people did this, but I felt like a failure. I felt like I had failed (Kate).

[I felt] major failure. I failed in bringing him into the world the right way. In my mind, what the right way is. Just sad. I was sad about it. Kind of like your self-worth goes out the window. I had this really great pregnancy and I envisioned having him a certain way and then that one decision that I made, in my mind, messed it all up. Pretty much, I'm a failure for that. I still feel that way (Ashley).

Molly also questioned her sense of self during her recovery. She explains, “[Labor and delivery] was a lot harder than I thought it would be. Sometimes it makes me second guess my own strength as a woman. I thought I was tougher. That was really hard.”

This sense of failure led to feelings of shame and embarrassment. Julia says, “Yeah, I had a cesarean. I’m ashamed I had a cesarean, all you natural birth people that did it with just breathing. That wasn’t me.” Angela describes similar feelings:

I’m still kind of ashamed. I’m fine with the fact that I had a c-section, but I’m kind of embarrassed to say it. I think a lot of people who don’t understand think it’s the easy way out. There are people who now schedule a c-section because they don’t want to try. I don’t want them to think that I did that, or that I didn’t try. Then if I do say, “Well, it ended in c-section, or that it was really hard, then I feel like I have to elaborate.” Then maybe I’m giving them too many details that they didn’t want to know. So sometimes it’s easier to just avoid it and say I had a great pregnancy and we now have a healthy baby. It’s much easier than to try to justify everything or worry about being judged for how it ended.

Susan’s embarrassment also kept her from feeling comfortable talking to others about her birth. She writes:

I think the biggest lingering emotion is embarrassment. I am embarrassed my body wasn’t given the opportunity to work right. I am embarrassed because my mom and grandmothers all could [give birth vaginally] fine. I am embarrassed about my birth story. I am reluctant to tell anyone what happened. I am embarrassed about how I look. I strongly feel [vaginal] birth is ideal, and I feel like it was taken from me, and I feel like a hypocrite in a way.

Grief and Depression

Feelings of sadness, grief, and depression during the postpartum period were a very common experience for the women interviewed. A more critical examination of these emotions would likely treat clinical postpartum depression independently of general sadness, but an in-depth look at postpartum depression is beyond the scope of this project. Because the interview questions were not designed to ask the women to distinguish between shades of these emotions, they are treated as a single theme in this project, with the caveat that this subject deserves additional research.

Rose says, “I’ve never felt like this. I just felt so down. I don’t want to do anything. I don’t want to go anywhere. I was in so much pain.” Laura uses similar language. “I just don’t feel good. I’m anxious all the time. I feel down. Nothing’s going right. I don’t know how to adjust to this. Did I make the biggest mistake of my life by having [my daughter]? How can I undo this?” Some of the women felt these feelings early in the postpartum period. Lilly remembers:

I sought treatment for postpartum depression, [when my daughter] was a couple of months old. My husband and I still talk about that. It was the closest we've come to divorce. I was... phew! I remember we took [our daughter] out in the little bassinet stroller that my mom had gotten us. We put her in the stroller. It was a beautiful summer day, and we were out walking. It was the evening. We got really far away from the house and she started crying. . . . My husband was pushing the stroller and I tried to reach in and pick her up. He was teasing me. . . and I became irrationally angry with him and started screaming at him in the middle of the street. Seriously, I'm completely mortified. . . . The baby's crying, and it was just awful. It was probably not long after that that I was like, "Ok. Something's not right here."

Other women did not recognize their depression until further in the postpartum period. Molly says, "It was about at eight months [postpartum] when I realized, I have postpartum depression for sure. This is real. I need to do something about it."

When describing their emotions, some of the women explained why they felt down. Molly says, "There's definitely a lot of c-section grief because I didn't remember him being born. I don't have a picture in my mind of seeing my baby for the first time."

Others felt similarly:

I felt sad that I didn't get to have a vaginal birth. I felt sad that I have a big scar on me. That I couldn't nurse my son right when he came out of me. That my husband could not cut the umbilical cord. I felt bad about all those things (Claire).

[I'm mourning] the type of birth I wanted. For me, my daughter's it. She's the one and only. I'm never going to be pregnant again. I'm never going to have the experience to give birth again, and I wanted to have her as naturally as possible. I think that's what I was most sad about. Knowing that she was it and I'd never have any other chance to do it again. [Thoughtful pause.] I almost feel like if I knew I was going to have the chance to do it again, it wouldn't have been so bad. There would always be a chance to have the type of birth I envisioned. But maybe not. You just never know (Brianna).

I just felt really alone and I think that's what started me obsessing about his birth. It went completely differently than what I thought was going to happen. I got really sad. When you stay home with your baby and your husband and you aren't really communicating... I got really depressed. I think the root of it is how my delivery went. My husband talked to me, but I don't feel like he really cared enough to really talk as much as I needed to talk about it. So, I think I fell into a pretty big, pretty bad case of postpartum depression about that (Ashley).

Several of the women expressed frustration that more help was not available from their health care providers when they were struggling with their feelings of sadness and depression. Molly's health care providers gave her a postpartum depression questionnaire:

I filled it out. I'm a mental health professional. I know what I wrote. No follow-up. There should have been follow-up on that. . . . I don't know why they're going to conduct a screen if they're not going to read the screen and use it to screen people. I knew what I was writing on the tool. It was absolutely something they should've flagged, but they didn't flag it.

Emily expresses the feelings of many of the women interviewed when she says, "Nobody asked if I was ok. It was really striking to me that the nurses never said, 'You just had an epidural, a spinal, went under general anesthesia, and you have a new baby. Are you ok?' Nobody ever asked me that."

Emotional Setbacks

As the women processed their emotions after giving birth the path was rarely straightforward. Laura remembers feeling like she was making peace with her c-section, but was still dreaming about the c-section:

I had quite a few nightmares for months about the actual c-section. Just kind of repeating it, and repeating it, and repeating it. I still, every once in awhile, maybe once every five or six months, I have a dream where I'm having the c-section but I can feel everything.

Other women experience events which unexpectedly trigger an outpouring of emotion related to the c-section. Emily, who was the only mother to nearly die because of complications during her c-section, comments:

There was a song that came out at around the time [I got home from the hospital] which talked about dying young, and I couldn't listen to it. Every time it came on the radio, I started bawling. It was uncontrollable. And I know your hormones are nuts, but it was like I was crying all the time at the drop of a hat. It was when somebody asked me about my birth experience. It was when I heard that song. It was when I thought about it. I was not doing well.

Driving, as a step towards regaining a typical life, was a trigger for Julia:

[I was doing ok] until about week six which is suddenly when I could drive. But then I realized, truly, that I had been living on adrenaline. Suddenly about that time my son also was exhibiting really colicky behavior. And seeming uncomfortable. We later learned he had a milk protein allergy. But I was really struggling with not being able to comfort my child, so then I started catastrophizing in my mind. I had a cesarean. I started stringing together things that weren't related, but that felt like they were going horribly. And things were not going the right way. The way I had planned. So I would drag that in again, with the cesarean.

Angela describes how difficult it was to see a picture of some of her friends with their babies:

I have a lot of friends who have babies right now. One of them posted a picture when my son was six months old. There were five women, and

five babies, all between the ages of newborn and twelve months. Her caption was, "All these babies were delivered [vaginally with limited medical intervention]." That really hurt me. I tried to do that, and it didn't work. My friend is the sweetest person, and so helpful and so supportive. I know she wouldn't have put it up if she thought it would hurt someone. But she was really proud of the fact that she had a natural pregnancy and delivery and it worked and all of her friends did too. But that really hurt. My son was six months, maybe even eight months old at that time, so I think things like that still bother me. When I think about that picture, I get a little emotional, like it's not fair that I couldn't be in that picture. That doesn't mean I didn't try.

Rose feels similarly, when she sees pictures of her friends with their new babies:

Now a lot of my friends are having kids, and they'll post pictures [on-line] of themselves with their newborn child. They'll be smiling and I'll think, "I have a picture of my son and me the first time [I held him], and you can tell I was not there." You could tell I was in la-la land.

A subsequent pregnancy also triggered emotional responses in several of the women.

Susan describes how physical pain from her previous c-section cannot be ignored during this pregnancy. "Parts of my stomach still are either in severe pain or are numb. So I bump my stomach more and it reminds me constantly [of the c-section]. It's very challenging."

Emily's complications during her c-section resulted from the anesthesia. She fears encountering her anesthesiologist during her current pregnancy, and describes her emotions:

If I go [to the hospital] and [that anesthesiologist] does happen to be on-call, I need to be ok with that. I think that I can. But I don't know. I think that I would be ok if I walked in, but I would say, "You really screwed up last time, so be extra careful this time." I would really have to say that to him. But I don't think I would spit in his face anymore, which is what I really wanted to do for a really long time.

Angela feels her current pregnancy forced her to revisit some of the emotions from her previous delivery that she thought she had worked through:

A lot of the emotional stuff went away really quickly because my son was so awesome. But it's starting to come back now that I'm preparing to [have another baby]. . . . I don't think I fully recovered from it. I don't know if it's that I didn't fully accept what happened, or I don't quite understand it, but I'm just realizing that in 25 weeks I'm going to be doing it again. Yes, 25 weeks, and that's really terrifying. . . . I mean, it was only 24 hours. It was one day. One full day. It was the worst day of my life. . . . If I had delivered him [vaginally], if he'd been handed to me right away, I would've felt that bonding and connection that I'd waited so long for. I think it would have been more ok. But the way it ended after that whole day of terribleness, I just don't want that again. I'm not looking forward to the recovery afterwards.

Acceptance and Peace

Despite setbacks, most of the women describe eventually feeling acceptance when thinking about their c-sections. Some of the women describe a complete sense of peace. Laura says:

I just feel completely at peace with [the birth] now. I feel like the whole situation is not what I wanted, but it was handled with respect. It was upsetting when it happened, but I kind of processed it and moved on. I felt like dwelling on it too much was a waste of energy. I can't change it.

Lilly, after experiencing postpartum depression, is now able to speak about her birth with humor. "I'm definitely at peace with what happened. I'm so thankful that [my daughter is] healthy. . . . I'm really thankful that I had such a good c-section. Seriously. There's nothing like having someone compliment your scar. Why, thank you! And it's below my bikini line. [*Laughs.*]"

Some of the women felt a sense of peace quickly. Brianna says, "I don't really feel sad about it anymore. I mean I did initially, but [my daughter's] here, and she's perfectly happy and healthy. Everything is fine. . . . Really by the time they came and got me for surgery, I was starting to be at peace with it. "

It took some time for Emily to come to terms with her c-section, but she is completely at peace with it now. She explains:

Now I love that my daughter was a c-section baby. I never thought I would. I was terrified that I would always hate her birth experience. I didn't want that hanging over having her. I loved her from the beginning. It didn't take away from that at all, but I didn't want to hate that aspect of how she came into the world and I felt like I did. I felt like it was wrong and bad and a failure—all of these negative feelings right after I had her. Now I'm to a place where I think it's beautiful even though it was traumatic, and that's huge for me. She's my beautiful c-section baby.

Other women still feel anger and disappointment about their birth experiences, but these feelings no longer dominate their thoughts. Rose shares:

I think I'll always resent [the birth experience] in a way. . . . It's just something that I have to deal with at this point. It's just going to be my little problem. I used to dwell on it all the time. Now, if I think about it, I could have feelings. I just don't dwell on it. I just think it will always be an open wound that you can just kind of push aside. I mean I can't go back and reverse the experience, so I'm just kind of stuck with it. I'm never going to be happy about it.

Susan also tries not to dwell on her thoughts about the birth:

I still feel kind of angry towards [the birth]. I try not to think about it because if I think about it and dwell on it I just get upset. If I just kind of put it in the past, it makes it easier. I don't accept it very well. It's not as

raw now, but it's still not an ok thing. Nothing about it was ok. I'm not sure there's a plan in place for it to become ok. I don't know of any place or anyone who has any good resources to make it become ok.

Alicia, who felt mistreated by her obstetrician, accepts her c-section, but is still concerned that her obstetrician will mistreat someone else. She says, "On the whole, I'm ok with my birth, but that doctor, and the fear that someone else is going to end up in my shoes with this woman and have to go through what I went through, is what upsets me the most, and what I'm still upset about."

Several of the women described a feeling of needing to look at the experience dispassionately, as a form of acceptance. Julia says, "I think at some point I needed to be able to tie [the birth experience] up with a bow and put it in its place and appreciate what it was and not be stuck in what it was or wasn't, so that I could be present with [my son]."

Postpartum Emotions: Analysis

The emotions described in this chapter: isolation, anger, guilt, shame, grief and depression, and acceptance and peace, support and extend the findings presented by Ryding et al. (1998) who interviewed women one to five days after they had an unplanned c-section. Interestingly, the emotions presented also align closely with the well-researched five stages of grief: denial and isolation, anger, bargaining, depression, and acceptance (Kübler-Ross 1969). The only stage that does not seem represented in this chapter is "bargaining." While Kübler-Ross's work focuses impending death, an event in the future where people may ask, "What can I do differently?" this project focuses on an event in the past and the associated guilt and shame, where the women often asked, "What did I do wrong?"

Perhaps it is hyperbole to suggest that experiencing a c-section is as emotionally intense as impending death, but for many women in this study, the experience is certainly extreme. Molly says of c-sections, "It is a trauma. It's not trauma to the degree that some people experience trauma but it is a trauma. I mean, when you feel scared and helplessness, you have trauma." Women who envisioned a birth with limited medical intervention were emotionally invested in the birth as an experience; it was not solely a means to an end. An unplanned c-section can be traumatic, especially if a woman fears for her own safety, or the safety of her baby. But, for many of the women in this study, even when the c-section went smoothly there was a sense of loss which

some women grieve very deeply. The sense of loss may have been especially pronounced because these women envisioned a birth with limited medical intervention.

Throughout this chapter, there is also evidence that the emotions the women experienced do not happen in a linear progression. Sometimes the emotions reinforce each other. Ashley describes how her isolation led to her depression. Susan and Claire describe how their guilt and embarrassment made them reluctant to talk to others about their experiences, perhaps engendering a sense of isolation. Sometimes hearing songs, seeing pictures, or becoming pregnant again can trigger emotional setbacks. Although there are emotions that are commonly experienced after a c-section, they are not always experienced in distinct stages.

In addition, many of the emotions felt after a c-section and the emotions experienced as a new mother cannot be separated. Rose explains how hearing others say, “at least you have a healthy baby” trivializes her experience of the birth. Julia felt isolated during her recovery because she was at home taking care of a newborn. Emily was angry because she did not get to hold her daughter immediately after she was born. Susan felt hurt when visitors came to hold the new baby and her needs were ignored. In each instance, the root of the emotion stems from both experiencing a c-section and caring for a newborn. This emphasizes the fact that recovering from a c-section is a different experience than recovering from other surgeries and that the postpartum period after a c-section is different from the postpartum period after a vaginal birth.

It is worth reiterating that most studies that examine the emotions following a c-section focus on the immediate postpartum period (e.g. Padawer et al. 1988; Ryding et al. 1998; Somera et al. 2010). The data presented in this chapter highlight the need to look beyond the first few weeks postpartum to understand the experience of a c-section. Angela, who was 17 months postpartum when interviewed, still feels ashamed when she thinks about her c-section. Susan, who was one year postpartum, describes lingering embarrassment concerning her birth. Emily, who was 28 months postpartum, found peace after her c-section, but it took her many months to get to this point.

Although most of the women eventually felt a sense of peace after their c-sections, for many the path to acceptance was filled with difficult emotions. Many of the women in this study describe being part of a social network of other women who value birth with limited medical intervention. They were friends with others in their birth classes, they were advocates for less medicalized births, and their friends and family often had vaginal births without anesthesia. After a c-section, they feel isolated from

these networks, which may amplify their feelings of isolation, anger, guilt, shame, and grief.

The evidence is unclear concerning whether c-sections increase the incidence of postpartum depression (Sword et al. 2011; Xie et al. 2011), but up to 60% of new mothers describe depressive symptoms (Halbreich and Karkum 2005). Because the emotions experienced during the postpartum period after a c-section are both intense for many women and unique, great attention needs to be given to caring for women after a c-section. To this end, the next chapter describes some of the specific challenges women experience after a c-section.

CHAPTER 6: POSTPARTUM CHALLENGES

Although some of the women had very smooth recoveries after their c-sections, many of the women experienced some challenges postpartum. This chapter describes four of the challenges commonly faced: pain and the associated sense of helplessness, the c-section's effect on body image, breastfeeding difficulties, and implications for family planning.

Pain and Helplessness

The physical challenges presented by the c-section varied by woman. Some of the women described their physical healing as easier than expected. Julia says, "I felt like I was well-prepared in terms of having the medication I needed if I wanted it. I didn't end up using it all. The scar and the physical elements of just my abdomen recovering, that happened to be pretty smooth for me." Alicia had a similar experience, describing how she was "up and doing things" when she got home from the hospital. She continues, "I was in minimal pain. I never picked up the pain [prescriptions] they sent home with me." Laura notes how her recovery was not as painful as expected:

I didn't need any narcotic medications for the pain. I walked slowly because I was sore and tender for awhile. I had to be careful while I was nursing that [my daughter] didn't kick me in the scar. After four or five days I didn't even need regular strength Tylenol. That was amazing to me, as difficult as labor was. I was like, "Man. The c-section thing's easy."

But, many of the women experienced a more difficult physical recovery, which created a sense of helplessness at a time when they expected themselves to be a caretaker.

Angela describes her experience:

I'm very physically active. We walked everywhere in the summer. . . . We do triathlons, so we ride bikes, we swim, we run. We play tennis. I played basketball after my son [was born] even though I'm becoming an old woman. I'm probably too old to play basketball with the boys. [Laughs.] [After my c-section] I've never been so physically incapable in my life. I've had broken bones and broken ribs and recover pretty quickly. With this, you just can't. It's not like the effort of working through the pain. I couldn't sit up. There were no muscles left in my stomach to help me sit up. . . . You have this wonderful thing that you wanted so badly and now he's here and it hurts to hold him.

The women were often distraught over simple tasks they physically could not perform. Brianna says, "Because of the cellulitis [a complication from the c-section], I couldn't bend. We have a mini-van, and I stood outside of the mini-van in my nightgown, all

swollen and crying because I couldn't figure out how to get in it. . . . It was horrible."

After her c-section Rose felt completely dependent on her husband, commenting:

He had to help me shower and do everything because I couldn't do it. He was cleaning the incision for me because I couldn't see it. . . . I couldn't even get dressed. I stayed in the same pajamas for five days! I had to wait until my husband came home to take them off me because it would hurt to move a limb.

She was also frustrated because her surgery prevented her from taking a bath, something she loved to do:

I was in so much pain. I felt like it was taking me forever to recover from this surgery. I just kept saying, "When am I going to feel normal again? When am I going to be able to take a bath?" I don't know why, but that was a really big thing for me. Well, I do know why. I'm a bath person. I'll take a bath over a shower any day. It just made me so sad to not be able to take a bath and keep having to take these showers (Rose).

Because of complications from her delivery, Molly's actions were even more restricted.

She says, "I wasn't allowed to take a shower, I wasn't allowed to be alone. I wasn't allowed to carry [my son] standing up for a few weeks."

For many of the women, their pain limited the care they could provide for their newborns. Laura comments, "It can be especially hard to try to breastfeed with a c-section if you don't have that extra support. You can't stand up, and you can't really hold [your baby], and you're kind of limping around for a few days. You don't have any [abdominal] muscles." Rose describes how it was difficult to care for her new son without her husband around:

I had to scoot up the stairs. I couldn't even go up and down the stairs. My husband only got a week off [for the birth] and we were at the hospital for three days, so he was only home for four more days. I was expected to go up and down the stairs with my newborn. I just think it was a really hard recovery.

In addition to affecting their activities while awake, the recovery also affected the women's sleep. Rose describes her experience:

Another issue is that you can't lie down like a normal person. Sleeping, how was I supposed to do that? No position is comfortable. If you're a belly sleeper, oh no, that is not happening. You are not going to be able to sleep on your belly and that's how I [like to] sleep. I slept on the recliner for two months straight and even that wasn't really comfortable.

Although her recovery after her second c-section was easier, Claire struggled after her first c-section. She says, "My recovery was really hard. I had a lot of pain. My c-section really hurt a lot. A week and a half afterwards I couldn't even lay down. I slept sitting up." This arrangement created tension with her husband. Claire explains, "I think it was

hard because I had to sleep downstairs. I slept away from my husband. I was up with the baby all night while he slept. That created some friction between us. That's normal, I know, but it wasn't an enjoyable couple of weeks."

Frustrated with their limitations, some of the women described how difficult it was not to do too much:

Our bedroom is upstairs, and of course with a cesarean you're not really supposed to be going upstairs and moving much. It was hard for me to limit myself, especially because I was on some of the pain meds. Just because you can't feel it doesn't mean you're not necessarily doing damage. So gauging how long to stay in bed when I felt like there were so many things that I wanted to get to or when I needed to get up to feed the baby [was difficult] (Julia).

It was really hard for me to stay in bed. I live on three floors, and [my doctor] wanted me to stay on one floor and I pretty much listened to that for one day. Then, by the second day I was home from the hospital, I was doing laundry and cleaning my house. Then I kind of hurt myself and so I was having really bad cramps and went back and saw the doctor. She said, "You have to stay in bed. This is no joke." After that, I stayed in bed. It was really bad at the time because I'm not used to being bed-bound, and I had this baby and all I wanted to do was go everywhere with him and do stuff (Trisha).

Body Image

The c-section scar is a constant physical reminder for the women that their delivery did not go as planned. For some women, this had a profound effect on their body image. Susan says, "I'm very self-conscious of my scar. I don't want to touch it. I don't want to see it. I don't like to know it's there." She describes herself as "usually fairly confident in how I look" and describes how her c-section changed her feelings:

I tried to take a shower and I just cried and cried and cried because my body looked deformed and disgusting. . . . I remember I couldn't look in the mirror at myself because I felt like my stomach looked awful. All of the muscles seemed to not be working so it just was weird. Every time I looked in the mirror I cried. . . . I felt disfigured and grotesque.

Her reduced confidence in her body has also hurt her relationship with her husband:

I think that's really affected my relationship with my husband because I don't feel good about myself. Physically I don't feel like I'm attractive, which I know makes no sense because [the scar is] somewhere nobody can see. But I still don't feel like parts of my body are attractive anymore. So I think that's been damaging. He claims he doesn't notice. It doesn't faze him. But it bothers me (Susan).

Ashley also felt like the c-section affected her sex life. She says:

After that you just don't feel attractive. You feel like your body is for a different purpose. At least I felt that way. So, it's hard to get in that mind frame when all day I'm my son's mom, I'm his nurse, and I'm the thing that got sliced open that carried my son. I'm no longer a wife who is ready to please [my husband].

Angela who has been athletic her entire life, describes being embarrassed by how her body looked after giving birth:

I was a little ashamed of my body for awhile. I thought that I would start working out and everything would go back to normal. When I got home from the hospital after having my son, I'd lost 7 pounds, even though I'd gained 30. . . . They removed a 10 pound baby and a 5 pound placenta. How did I only lose 7 pounds? . . . I mean, as a woman, you have this self-image issue already. When you're going out you still have a huge stomach. Then on TV you see the women wearing yoga clothes the next day and they're perfectly stick-skinny. It doesn't really help the self-image. I'd say the first 6 months I was not comfortable with my body at all.

She also felt her confidence in how her body functioned shaken after her c-section:

I was in good shape beforehand. I was never skinny, but I was strong. I had muscle and I could do things that I wanted to do. My legs carried me places and my arms could lift things. Not so much for awhile after having the c-section! . . . I definitely lost a lot of self-confidence. I don't think that things are ever going to go back to normal in that area just because of the trauma. You're getting sliced open. . . . I definitely don't feel as confident as I did before my son, before the c-section. The muscle strength has not recovered, and now I know it's not going to until we're done having kids. I'm praying someday it will be back to what it was. It's kind of disappointing. I used to be able to do 100 crunches without breathing heavily. Now I can barely sit up in bed.

Rose says, "Every time I look at [my scar], it just makes me sad. My stomach doesn't look the same. Even if it goes flat it will never look the same because I have this scar there. . . . You get this gross flap and it's really disgusting. I absolutely hate it." Rose's scar affects her while wearing clothes as well:

It sucks, because I used to wear low-rise jeans, and I don't think I'll be able to wear them, ever again. Now it's kind of weird because when I'm jean shopping, I have to be, "Where are the jeans that go up to your bellybutton?" Because it's really uncomfortable for [the waist] to sit there [on my scar]. I don't know if that's ever going to go away.

It may be easy to dismiss a woman's feelings about her c-section scar as vanity, but Susan eloquently expresses that it is a physical reminder of an event that for many women, goes to the heart of their identities as women. She writes:

I figured out I am struggling with the c/s—it is hard to even say the word in my head let alone out loud—because I identify as highly feminine and womanly. Somehow I feel as though the c/s made me less of a woman by taking away my power to birth a child naturally. It transferred into me feeling less feminine which has been in conflict with my identity. When I had a natural birth I felt so powerful and strong, like as a woman I could do anything, and I did something amazing. With my [c-section] it was taken from me, and by men no less... Such a horrible feeling. One I need to come to terms with on my own.

Breastfeeding

Most of the women in this study spoke strongly about wanting to breastfeed their babies. For some, the breastfeeding relationship went smoothly, but others struggled, often for reasons related to having a c-section.

Some of the problems were physical. Claire says, “Breastfeeding was really hard with my son. I don’t know if it’s because it was our first time, or if it was the c-section. I couldn’t put any weight on my belly for awhile.” Molly says, “My milk came in extremely late. I’m sure that it had to do with the c-section.”

Lilly’s experience was similar. “The c-section delayed my milk coming in. The fact that we were in the hospital, and the fact that [my daughter and I] were separated for two hours really impacted our breastfeeding relationship.” She continues, explaining how this affected her emotionally:

It was awful because I didn’t even get to feed her. I kept trying to get her to latch on to me but she wasn’t interested and she cried. She’d cry and she’d arch her back. Then my husband would sit there and give her a bottle of someone else’s breast milk while I sat there hooked to a pump trying to get mine to come in, and crying.

Rose was also separated from her baby after the c-section. Despite Rose’s wishes to only feed her son breast milk, the nurses at the hospital fed him formula:

That was another thing with the c-section. I think it put my breastfeeding on a rocky start. They ended up putting [my son] on a bottle. They gave him a bottle of formula. The nurse had come in and said, “We gave him two ounces of formula because he was hungry and his lips were dry.” I freaked out. No! I’m trying to breastfeed! Because here I am after the surgery, over here pumping and trying to get some [milk] because they’re saying he’s not getting anything. I’m like, “Why didn’t you bring him to me? I could’ve nursed him.” So, that’s another thing that really upset me. I just think it was a bad experience altogether.

Laura had difficulty with her milk coming in as well, and her baby was also given formula while separated from her in the hospital. This angered Laura at first, but she accepted it as necessary:

I fell asleep in the hospital—dozed off—and while I was sleeping, my husband was in the nursery with [our daughter]. She had a pacifier in her mouth, which is something I didn't want, and she had been given formula. I was like, "WHAT?" Well, my husband had said, "She must be really hungry. She's been sucking all day." Which she had. She'd been nursing eight million times. But she was still angry. So, [the nurses] relented. I think maybe she had half an ounce. We're talking very minimal amounts. Not anything big. So then [my husband] brought her back to me, and I was so angry. But she was much calmer. So, I was like, "Oh, well, ok then. I'm all right with this." Because she had had a little bit of formula, it was enough so that she could get latched without being so angry. I gave birth to her on a Thursday, and it wasn't until the following Wednesday until I actually had milk. Yeah. She probably kind of needed it.

Molly's baby had a tongue-tie which interfered with breastfeeding. Before the tongue-tie was diagnosed, she blamed the c-section (and herself) for the breastfeeding problems:

I had a lot of guilt about [the difficulties with breastfeeding]. Before I knew what was going on with his tongue, I thought it was all from the c-section, you know? Everybody told me he was fine. Then it's me! I'm the one who's not making enough milk. It's because I had medicine. It's because I had the epidural. It's because of all these antibiotics, because I had mastitis [an infection in my breast] four times in less than six months. We had thrush [a yeast infection]. It was just one thing after another.

Happily, most of the women overcame their troubles breastfeeding and had a satisfying breastfeeding relationship with their babies. Molly says:

Breastfeeding I know a heck of a lot about now. I know every kid's different, but if we ever had another kid, however their birth goes, I would be able to kick some breastfeeding tail. But I do not feel that way about the birthing process. I do not feel I could kick birth's tail. [*Laughs.*]

Family Planning

The women interviewed for this study had birth experiences that did not go as hoped. For many women, this affected how they thought about future pregnancies and births.

Several of the women commented that having a c-section did not influence their thinking about whether or not to have more children. Although Brianna does not plan to have more children, she says that the c-section did not affect this decision. If she was younger and her husband was in better health, she would "do it again in a heartbeat."

Claire, who would like to have another baby, expresses a similar sentiment:

Labor and delivery and c-sections are such a small amount of what it's like to have a child and raise a child. If I have to go through that terrible experience for a week or however long the recovery is, it's worth it. I don't think it's influenced me at all.

But, for many of the women, the c-section experience does factor into the decision about whether or not to have more children. Trisha explains:

Before I had my son, I really wanted to have two children. And now I feel like I don't. A lot of it has to do with my birthing experience. . . . If I were to become pregnant again I probably would have to go into therapy beforehand because of all of the fear I have around childbirth now. I'm sure it could cause some complications for me. I like to think that my son is so healthy and happy because I had such a calm pregnancy and most of my labor was very calm, and he's like that. We're like that too. So, I wouldn't want to have a pregnancy that's wrought with fear and anxiety. I would definitely go into therapy for that.

Molly expresses concern about another difficult birth affecting her son:

We don't know if we want more kids or not, but we don't want this experience to be the reason we don't have more. I know that some people would be like, "It wasn't a big deal!" But it felt big. It still feels big. . . . It makes me second-guess myself. It makes me feel kind of like a coward to some degree, that I don't want to have another child yet. Maybe I'll want to, I don't know. I think the thing I'm most afraid of is not necessarily the experience, but how it affected us for months after months. And we have a son to take care of. How could I go through that and take care of him? That's not fair.

Rose also expressed concern about the recovery from another c-section affecting her ability to care for her son. "[My husband] wants more kids. I'm just kind of scared. I really don't want to go through that again. And I'll have another child to watch. How am I'm going to take care of two when I physically can't do anything?"

Like Rose's husband, Emily's husband was sure he wanted another child. Emily decided she did want another baby and was pregnant at the time she was interviewed, but describes how difficult it was for her to come to this decision:

As far as having another baby, that was never a question for him. It was a huge question for me. After we had our daughter, I didn't know for a really long time. . . . I had to put in a lot of thought and a lot of trudging through the emotional part to get to where I could feel ok again. I talked to the hospital for a long time, got my medical records, contacted lawyers, and trudded through that emotional part to where I could get to the point of where maybe I could do this again. My daughter was a year old before I felt like maybe having another baby was a possibility.

Kate was confident she wanted another child after her daughter's birth, but her husband was not certain he did:

I always knew that I wanted a second child. Now, if it had been just my husband deciding, my daughter's birth being so stressful would have affected the decision. He was really scared to have another kid and to go through pregnancy and labor and all that. I think a pretty fair amount [of that was because of the c-section].

Nearly every woman interviewed who is pregnant or considering having another child described how the c-section caused her to think differently about subsequent births. One of the big decisions was whether to have a repeat c-section or a vaginal birth after cesarean (VBAC).

Some of the women are confident that if they have another pregnancy without complications they want to have a VBAC. When Kate was pregnant with her son, she says, “I wanted to try again. This was my second chance to have a natural [vaginal] birth.” Susan comments, “In a way I’m hoping that if I can do a VBAC, that will kind of help redeem everything or make it better. But if it doesn’t, I’m not sure the emotional fallout will be good from it. I’ll be extremely disappointed.” Mia feels similarly:

I feel like when I do get my [vaginal] birth, that will be a huge thing. It’ll be like everything paid off. I think what made me so mad about [my birth] was that I waited. I was 41 weeks pregnant. I was uncomfortable. I held out and I was in labor for 36 hours, and 24 of that was without an epidural or anything, and I was in a lot of pain. It was so hard to go through all of that and see the finish line and then someone was just like, “Nope.” I got so close and I went through all of that, and then it just was taken away from me. I mean, it was still worth it, but it would’ve been nice to finish the race on my own instead of having someone pick me up and stick me at the finish line.

When Claire was pregnant with her second child, she wanted to have a VBAC:

I feel like I did more research and was more confident the second time around because [a vaginal birth] was something I really, really wanted. I could’ve just scheduled a c-section but I decided it was very important to me to try to have a vaginal birth. . . . I had thought about it a lot. Do I really want to do this? I really obviously hoped I could have a vaginal birth but I kind of knew in the back of my head that it might not work out.

She ended up having a prolonged labor and a repeat c-section. Claire says, “It didn’t work out, and I was ok with it. If we have another baby, I have no problem saying, ‘Ok, a c-section.’ I tried really, really hard with my daughter.”

Other women were unsure whether they would want a repeat c-section or a VBAC. Ashley’s husband does not want additional children, but she often thinks about having another child:

I still think, in the back of my mind, that I’m going to have another [child]. Will I just automatically have another c-section? Or will I try, knowing what I know now, just letting my body go into labor, and try to have a VBAC? . . . Since I’ve already had a c-section, it would be easy to just set a date because somebody would have to take care of my son now. I don’t know why I think about all of this stuff! [Laughs.] So, I think that it would be easier in that respect, but that’s not really what I want. I would want to try [a vaginal birth] again, and try to have the birth that I’ve always

wanted. But, I'm afraid of failing again, and having to go through all of that labor to go through a c-section again.

Molly voices a similar struggle:

There are all the risks with a VBAC, and all the risks with the second c-section. Do I want to sign myself up for a voluntary c-section? Blech. Do I want to risk this happening again? Blech. None of these feel like good options. Luckily I don't have to decide today.

One challenge facing women who do want to have a VBAC is the difficulty of finding a local care provider who will support this decision. Angela, who was pregnant at the time of her interview, describes this difficulty, and how it affects her thinking about her upcoming birth:

We've talked about whether or not to do another c-section, scheduled, or if I want to try [a VBAC]. We were talking to our obstetrician about this one. She highly recommends we schedule a c-section. . . . She's willing to let us try [a VBAC], which is good, but she didn't seem incredibly positive about it, which makes me nervous because if I get to that point where I want to keep pushing, is she going to try to convince me again that I should do [another c-section]? I don't know. . . . We're on the fence. I'm a big reader, so I'm doing a lot of reading. Some of the complications that can come from [a VBAC] are terrifying. The different things that can rupture and the different things that can go wrong. Knowing how hard it was to recover, I don't want to make that recovery even harder. I don't want to have the same experience I had with my with my son where I had 23 hours of misery and then it still ends up in a c-section. I think I'm really scared it's going to go the same path, and it would be easy to say, "If I schedule a c-section, I'll know. I can be prepared. I can have a meal the night before. It will all be so easy." But it's also the easy way out, and I want to try doing it. That's a long way of saying we're on the fence.

Laura elaborates, explaining how this affects her thoughts about where to give birth:

I've read stuff about VBACs and I definitely want to try for a VBAC, but then again I don't know anybody in town that does them. At that point, would it be homebirth? Or do I do what some people do which is labor, labor, labor, and be in the hospital parking lot ready to push? Then you walk in the door and go, "Uh oh! Gonna have the baby! Not time for a c-section." Or do I just go ahead and [have a repeat c-section] because I know what it is and I've been there before? I don't know. It's hard to contemplate all that stuff now because I'm not really in the frame of mind to even want to be pregnant again.

Laura is not alone in considering a homebirth for any subsequent pregnancies in order to get the care she would like. Emily, who was pregnant at the time of this interview, planned to deliver her first child at the hospital, but is planning a homebirth for her second child. Similarly, Alicia who also planned to have her first child at the hospital

“definitely” wants to try a homebirth with her next child. Mia is now considering a homebirth if she gets pregnant again:

I want to have at least, I think, one more [child]. I'd like for them to be three or four years apart, and I think I'm going to try for a homebirth next time around. . . . I feel like if I could have more control over the situation that it could go my way.

Alternatively, Julia describes how her c-section experience encouraged her to think about the risks involved in future pregnancies differently, making her *less* likely to consider a birth outside of the hospital:

That one [birth] experience opened up a whole different way of seeing pregnancy in the future. I have a really good girlfriend who had the same doula [as me], delivered at the same hospital [as me], and had her second baby at home. It came on the bed before the midwife could get there. The husband delivered it. I kind of feel so much more reticent about entertaining options [besides a hospital birth] because of the what-ifs. The medical ramifications. What if there was a complication? Because I felt like there really truly was in our situation. I think the whole experience has opened my eyes a lot more to the realities.

Several of the women also mentioned that they planned to have a doula with subsequent pregnancies. Emily explains, “We can’t set ourselves up for the same kind of birth experience that we had the last time. So we’re getting a doula this time.” Alicia also wants a doula with her at future births, so she would have “someone there to listen to me.”

Postpartum Challenges: Analysis

A c-section is major abdominal surgery, so a period of physical recovery is to be expected. Healing was straightforward for some of the women interviewed, such as Julia, Alicia, and Laura. Others, such as Angela, Rose, and Claire, experienced a great deal of pain during this period. Healing physically is often exacerbated by demands of caring for a newborn, a situation unique to giving birth. But, the stories shared in this chapter also highlight the fact that the challenges women face when recovering from a c-section involve more than just healing physically from a surgical procedure.

For many women, the postpartum period affects their sense of self. Women who wanted a birth with limited medical intervention may be especially susceptible to this because of the intense feelings of failure, guilt, and shame many women described. Many of the women who participated in this study felt that limiting medical intervention was a fundamental part of their belief system, so the physical manifestation of the limitations resulting from surgery can be very painful emotionally. They see themselves

as independent, but Brianna was unable to get into her van alone and Rose was unable to dress herself and instead had to rely on her husband. They see themselves as caretakers, but Angela found it painful to hold her son, Molly was not allowed to carry her son for weeks, and many of the women struggled with breastfeeding. They see themselves as strong, but Angela was struggled to sit up, and Rose had to scoot up and down the stairs. They see themselves as feminine but Susan felt “disfigured and grotesque” and Rose describes her belly as “gross” and “disgusting.”

The postpartum period also affects some of the women’s relationships with their partners. Ashley feels she is “the thing that got sliced open that carried my son” and says this view of herself has negatively affected her sex life. Claire describes how being unable to sleep upstairs while she recovered meant sleeping separately from her husband and shouldering the bulk of the care for their newborn. This created tension in their relationship. Rose and Emily describe how their husbands want more children, but because of their birth experiences, they were not so sure they did. Conversely, Kate wanted another child, but because of the stress of their daughter’s birth, Kate’s husband was not sure he wanted another child.

Experiences during the postpartum period also affected some of the women’s relationships with their health care providers. The women in this study wanted a birth with limited medical intervention and knew that not every healthcare provider would be supportive of this goal. So, many of the women chose their healthcare providers very thoughtfully, and described close relationships and a deep sense of trust in them. When this trust was violated, the women felt the betrayal deeply. Rose was angry that her son was fed formula while in the hospital. Because of their experiences in the hospital, Laura, Emily, Alicia, and Mia are planning homebirths with their subsequent pregnancies. Some of the women plan to change care providers before they give birth again, but Angela and Laura describe the difficulty of finding a care provider who will support their desire to have a VBAC. Emily and Alicia also plan to use doulas at future births in order to have someone to advocate for them.

The challenges described in this chapter emphasize the far-reaching effects of a c-section for women who planned a birth with limited medical intervention. Dworkin and Wachs (2004) and Upton and Han (2003) describe how feeling control over the postpartum body is part of dominant reproductive ideology. This not only includes how the postpartum body looks, but for women who wanted a birth with limited medical intervention, also how it functions, how it relates to others, and how it may be treated in

the future. As described previously, most of the women in this study eventually came to some form of acceptance of their c-section experience. The next chapter describes strategies they used to heal.

CHAPTER 7: TOWARD HEALING

As the women progressed through the challenges of the postpartum period, they found strategies that helped them move toward healing emotionally. This chapter explores some of the commonly mentioned strategies for healing: caring for yourself, caring for others, having the reason for the c-section validated, talking about the birth, and writing about the birth.

Caring for Yourself

Many of the women talked about the importance of taking time to care for themselves during their recovery. They emphasized that healing is a process and cannot be rushed. When asked to describe what contributed most to her healing, Brianna said, “Time. That’s the biggest thing. I think just listening to my doctor and taking it easy as best I could with a new little person and taking good care of myself.”

Patience with themselves was another necessary part of healing. Mia advises, “Really, just be gentle with yourself. It’s really easy to start down that path of beating yourself up and saying, ‘What’s wrong with me?’ But I mean, [a c-section] can happen to anyone.” Similarly, Angela says, “Don’t be ashamed, and don’t feel like a failure. That’s how I felt, and it’s not my fault. I did try and I did everything I could [to have the birth I wanted]. I think I still need to accept that. It’s natural, I think, to feel this way.” Julia mentions the need to modify her expectations about how life would be after a c-section with a new baby:

I had to get over some pride, I think. In the beginning I just wanted so much to be able to say it was blissful. “How is the baby? Oh, isn’t it wonderful?” I’m saying, “Oh, yeah, it’s great!” I’m really good at that; I’m a people pleaser and I’m getting over that. Nobody wants to come out and say it’s hellacious.

She continues, emphasizing how it is important to take time to consciously process the birth experience. For her, healing meant taking some time alone:

Even if you have a wonderful experience, I think it’s really helpful to be reflective and to think through all elements of the experience. For me, I think my body kept me from emotionally processing certain pieces until it was safe to do so. I needed to be in my own bed when I could finally cry for a big long time. And I needed the safety of my comforter and just to lie on my couch and think about things for awhile. It’s not going to happen most likely, depending on your personality, in the hospital, in the midst of everything else going on.

Emily also needed some time alone to work through her emotions:

I've always been somebody who has been able to work through their stuff on their own. There have been plenty of times in my life where I was like, this might go faster if I was talking to somebody else, but I just can't. I'm raising three kids, I have a husband [who is] deployed and I'm going to school and trying to work. I just don't have the time, so I just need to devote the time to myself. Like, when I'm driving in the car, let's think about what things are bothering me and what I need to get through. That's how I've always done it.

Others mentioned the need to get out of the house. Ashley asks:

Who am I for me? I'm trying to do this for my husband, and I'm trying to be this for my son, but who is fueling my tank? I feel like nobody. It's [been] empty. For a long time. I've started to make a point to get out and do things for myself and take some alone time and leave my son at home with my husband. Go do things with friends. Try to do things for myself. Remember who I used to be.

Laura also made a point to get herself out of the house on a regular basis:

I always knew that I wanted to be at home with my kids. I always knew too, that I wasn't the type that could just stay in the house all day. That would make me crazy because that's just not the person that I am. I like to be out. I've gotta be learning stuff. Monotony is not my friend. It never has been. So, I ended up going up to both the Monday and the Thursday [support] groups. For awhile it was this running joke that I went to all of the [support groups]. It was good though because I got out. I had to have something to do every day. That was how I got through it. One day at a time. One day at a time.

Angela found getting outside restorative:

We did walk a lot, even in those first eight weeks, though it was painful. Once I could walk, we took short walks with the baby. Then we gradually let them get longer. I didn't do anything besides that, but walking helped. I think I'm an outside person, so having a summer baby, it helped so much that I could be out in the sun and in the fresh air. I think that helped me recover so much.

Angela found exercise to be such a crucial part of her healing process that she completed a triathlon a few months after her son's birth:

I almost died. It was probably stupid. I was not nearly prepared for it. . . . Before I had my son, I had said, "I am going to do this [triathlon]." After the c-section when things didn't go well, I wanted to stick to that goal. It's something I wanted to do. I know my body can still do it. I was really proud of myself for finishing it. I was second-to-last. [Laughs.] It was probably really stupid. But I did it. So that made me really proud of my body.

Though Angela felt it was reaffirming to complete a goal she set for herself before giving birth, Trisha noted that part of her healing process was letting go of part of who she was before giving birth:

I felt like before [having a baby] I was really into the whole birth community and wanted to be a real advocate for homebirth. That's just my nature. I'm an activist and I like to get really involved in things and educate myself. Now I feel like, "Whatever, I have my baby. I'm done with that stage of my life." My friends who have known me for a long time have helped me to have that perspective. They're like, "It's ok if you don't become as involved in the birth community as you are in other communities. It's ok if you're not all about it. It's served its purpose and taught you something. It helped you to get through the birth of your son. Now you have a baby, and now you're a mom." So, next chapter.

Julia describes how letting go will help her heal as well:

I think that maybe part of what still needs to heal is letting go of the future. What if [a c-section] happens again? Ok, well, I'm sure there will be wise people that are taking care of me that will help me walk through that process. I would like to think that maybe I can have a vaginal birth. If I can't, then I can't. . . . It's a choice for me to frame my story as a positive, instead of always to having to apologize for it.

Caring for Others

Another common strategy for healing was to help care for others. For some, it was therapeutic to care for their babies the way they envisioned. Alicia describes how important this was to her:

[My daughter and I] had skin-to-skin [contact] every day for the first six weeks. We still do it occasionally. If she's having a really rough night we'll go do skin-to-skin. I try and do as much as possible, just to be with her and do as much as I can with her. She didn't have a bathtub; we'd get in the tub with her. So we had that time. I nurse on demand. If she wants to nurse all night long, we nurse all night long, which hurts in the morning, but we nurse all night. If she wants to be held, I hold her. I do all the other things that I had planned to do. She sleeps in bed with us. She sleeps in our room in her bed. If she's sick, I don't go to work. . . . I'm trying to make up for that lost experience.

Angela appreciated that her health care providers gave her time to breastfeed her baby soon after her c-section. She explains, "I felt really connected [to my son] because they let me try [breastfeeding] pretty quickly, once they were sure he was breathing ok. I really appreciated that [we had that time] before our parents came in. That was a good make-up for the connection with him that I didn't get right away."

Other women described how not having the birth they envisioned made them more determined to breastfeed successfully. Molly expresses this succinctly

commenting, “The birth was a disaster. . . . I’m going to pull this breastfeeding thing off, dammit.” Kate says, “Having had a c-section and not having a natural birth, I knew that I wanted to nurse. That was not something that I was going to give up on.” Despite a painful and difficult first few months, she breastfed her daughter for over two years. Mia had a similar experience, and she too met her goals for breastfeeding her daughter:

[Shortly after my daughter’s birth], I saw a lactation consultant or spoke to one every single day because it was getting to the point where I was crying. Every feeding, I was crying, and she was crying. I feel like because my birth didn’t go the way I wanted it to, I’ve been that much more determined to breastfeed. It’s the last thing I have control over. In a way the c-section was a good thing. I would have been determined anyway, but I feel like it made me that much more so to push through the worst times. I took all my frustration and channeled it into succeeding.

Some of the women also explained that their experiences during birth and the postpartum period allowed them to help other new mothers. Julia says, “[I kind of felt] like there were some benefits to having [experienced these] things, even if they didn’t go so well. At least you could share with others going through the same thing and maybe help them learn from your experiences. Being able to offer that was helpful [to me as well].”

After her birth experience, Emily decided to become a doula in order to serve other mothers. She describes how the birth of her niece led her to pursue this goal:

[When my sister got pregnant] I was still kind of doing all my processing of our birth. Then when she went to have my niece, she was going in for an induction. All along I was trying to help educate her about what best she could do. She didn’t listen to any of it. . . . She’s super stubborn. . . . Then I cried like crazy when my niece was born. Birth is just such a powerful thing. I knew right then and there [that I wanted to be a doula]. There was a shift. I’ve got this passion. I love helping people and I love the work that I do and I love my hobbies and things, but nothing moves me like [birth] does. I decided then that I was going to be a doula. I recently completed my training.

She continues, explaining how becoming a doula helped her heal as well:

[My daughter’s] birth as a whole I feel like I’ve processed really well. I feel like it was a really beautiful thing. One, it gave me my beautiful baby girl which is fantastic. But it also helped me get to where I am today to be able to help other uneducated mamas and help mamas overcome barriers.

Validation of Reason for C-Section

An important part of the healing process for many women was feeling like the reason for their c-section was valid. This took the onus of the c-section off their shoulders, and

helped them feel like it was the only healthful outcome. Kate describes how comforting it was to have the medical staff reaffirm her decision to have a c-section. She writes:

When the baby was born, I heard everyone in the operating room say, "Wow! What a huge head! Wow! That must be an 11 pound baby!" Sure enough, he weighed in at 11 pounds, 6.7 ounces and measured 24 inches long. And, he was posterior, which would have made him even more difficult to deliver vaginally. After hearing all of this information, I was even more grounded in the decisions that we made throughout the process.

Angela tried to push her baby out for several hours unsuccessfully. During this time, her health care providers kept reassuring her that she was pushing successfully, which helped her accept that a c-section was necessary:

I believed [my care provider] when she said I was pushing well. That's the thing I needed to believe too, that I was pushing well. I think if she had said, "You're not trying hard enough, or you need to push harder, I would have probably lost it. I did feel like I was trying. He actually was stuck. That made me feel better too.

Laura found similar support at one of her postpartum checkups. "I asked my doctor, at the six week checkup, 'Would I have died in childbirth?' She just matter-of-factly said, 'No, but your child would have.' Well, ok. I just wanted to know that I did everything that I could."

Emily, who later questioned whether she should have agreed to have her labor induced, found comfort by examining why she made this decision:

[I had to accept] being ok with the fact that I was more ignorant then and I really listened to some of those cultural things from when I grew up that created the environment for me to make the decisions that I did. We honestly did the best that we could with the information that we had at that time.

Conversely, women who did not get this validation often had a more difficult time healing emotionally. Trisha's midwife agreed to provide two follow-up visits, but only conducted one, which was greatly upsetting for Trisha:

It was really difficult for me because not only did I feel abandoned by [my midwife] who I really trusted, but I also really felt like I failed at the homebirth and natural birth, and I lost that validation from her that it was ok that I didn't do it. I have really hard feelings about that.

In addition, if a woman feels like her c-section was unwarranted it can be more difficult for her to heal emotionally. During Lilly's labor, her midwife left her to attend to another woman's birth, and Lilly was left under the care of another midwife she found to be disrespectful:

I'd never met her. I didn't know who she was. . . . [My husband] was very aware of what was happening and saw her rolling her eyes when I didn't want to do something she asked me to do. She'd been in a room along with our dog, and she was kind of standing there like when you challenge an animal by jumping forward. She was doing that. . . . I know that I didn't have the trust. There just wasn't trust there that she knew what she was doing because she kept sighing really loudly, and I was aware of that. I got very nervous.

Lilly later transferred to the hospital and underwent a c-section. As part of her healing process, she spent some time reflecting about whether more competent care would have allowed her to have a vaginal birth:

It's one of those things that takes a long time to process. It's been a two-year process. Looking back, thinking about what I'd do differently... My initial feelings were just, "Things happened the way they happened, and we had a healthy baby, and that's all that mattered." But as I was further removed from it, I looked back and thought, "It really sucks that [my midwife] left me when I was going through transition to do another birth." That baby wasn't even born for another 48 hours or something. When my husband told me what had happened with the other midwife, I thought, "It really sucks that she used another midwife that was incompetent. That didn't even have the people skills." I suspect—hindsight is 20/20—and I don't have all the facts, but I suspect I was coached to push before I was ready, and so I swelled. That's probably why I had a c-section.

Julia also questioned whether factors beyond her health contributed to her c-section.

Near Julia's due date, her doctor became concerned that she did not have enough amniotic fluid and said that the baby would need to be born within a few days. However, because the doctor was planning to go out of town later that week, they made arrangements for her labor to be induced, instead of giving Julia the maximal amount of time to go into labor on her own. Julia says:

That was my first experience of feeling like some things were not solely based on the medicine and the science of what was going on in my body, but also the logistics of the hospital. I felt stressed and I felt frustrated that I might have to go in and be induced because my body wasn't ready. . . . I felt that tension of wanting to submit to the realities of my body but not wanting to be pushed into something simply because it was most convenient for my doctor.

Julia's progress through labor was slow, which eventually led to her c-section. She accepts she made the best decision she could, given the circumstances. But for a long time after the birth, she felt, "a sense of guilt that if I had done something differently, maybe my son would've been born differently and wouldn't have needed a cesarean."

Talking About the Birth

Nearly all of the women described the importance of talking to others who understand the c-section experience. For many of the women, this was about camaraderie. Laura who went to a breastfeeding support group explains, “If I wasn’t breastfeeding, I don’t know how I would’ve met any moms. It’s not like you can just walk up to a mom in Target and be like, ‘Hi!’ You’d be the creepy stalker mom.” Julia explains how it was healing to feel she was not alone:

I feel like it helped me to meet a few other people who had a similar trajectory. At the time, most of the people who were closest to me that I could talk to, had natural childbirth with their doula, or had things going according to their plan. I felt like, “What’s wrong with me that my birth didn’t work out that way? I was just as prepared. I went to [childbirth] classes.” So meeting some other wonderful people that I respected—not that they had to be people that I respected—even just feeling a little more like, “Oh, there’s my tribe too.” . . . I did go to a breastfeeding support group and I didn’t even need help for breastfeeding. I just really appreciated the time with other moms. I saw a nurse there (who helped me [when I was in labor]), and she was struggling to breastfeed her baby because her baby had a lip tie. I remember just kind of feeling like, “Oh, we’re all equal. I’m not the only one going through this.”

For some women, talking about the birth made it easier to process. Lilly, who saw a counselor during her postpartum period shares, “Having someone listen to me tell my birth story, and all the details that not everybody wants to hear, was really helpful.”

Others expressed similar feelings:

[My birth story is] one of those things I do like talking about. I feel like every time I talk about it, it makes me feel better about it. It just strengthens my resolve that I did what I could and there’s no use dwelling on the past (Mia).

It was really helpful for me to go to that [support] group because I told my [birth] story several times and other women had similar experiences. . . . I’ve seen people, and had one-on-one time with my close friends and I’ve been able to tell them the story and it feels a little better every time. I did a traumatic birth healing workshop and that helped me, also (Trisha).

Some of the women mentioned how hearing others’ experiences motivated them to share theirs. Emily, who later became a doula, explains:

I started to be able to talk about [my birth] a lot to other people. It was really emotional at first, and then it got less and less so, and then I started to do more research to try to figure out what went wrong and to try figure out how things could’ve gone differently and how other mamas could be helped.

Mia discusses how online support has the advantage of making it easier to both give and receive help:

I did join an online breastfeeding group that's been really awesome too. Just to be able to talk to people. It's nice that I don't have to leave my house. If I'm having a stressful day, I can just ask for advice and help. Plus it's nice too, to be able to read about other people having the same problems. It's like all the crappy stuff I went through can be put to use to help someone else. That's really nice to be able to do that.

Some of the women found it helpful to hear other birth stories because it helped them realize that their experiences could have been worse. Brianna says, "There are a few people who've had experiences with c-sections that were a lot worse and more traumatic than mine. That's something that you talk about with other moms that have been there."

Laura shared a similar sentiment:

I went to both of the support groups, and that was really good because there's always somebody way worse off than me. You hate to look at it that way, but it's like, "Oh, at least I didn't want to kill myself. At least I wasn't looking at psych wards. At least I don't have whatever." Somebody else always has it worse. Then you leave going, "Ok, I'll keep my own problems." Not so bad. Not so bad.

Others experienced challenges when trying to find someone to talk to about their c-section experiences. Trisha tried attending a support group, but found it did not meet her needs:

It was about a few weeks before I was going back to work that I felt like, "All right, I need to wrap this [birth experience] up and deal with [my emotions] and put this away and be done with it." So, I went to see a specialist in postpartum behavior disorders. She's helped a lot of women who've suffered from postpartum depression and postpartum traumatic stress disorders. I went to a group that she has of moms for a few weeks. It kind of helped me in some ways, but in others it kind of depressed me even more, so I stopped going.

Ashley found counseling helpful, but did not continue to go because of the cost:

I did go to counseling a couple of times which I feel like helped me. I don't know really why I stopped going. She wanted me to start painting at therapy and I just couldn't justify spending \$60 to paint. I should've kept going, but money's tight, and I was like, "Well, I can paint at home."

Angela thinks finding someone to talk to would have helped her heal, but she struggled to find someone who would listen:

[If I'd had someone to talk to] I think that would've helped me a lot. If I'd had someone else to talk to who understood or could just listen and say it's ok to feel this way, it might have helped me realize a little sooner that it wasn't my fault. I really felt for a long time that I had failed. I didn't do a good enough job so we happened to have a c-section. But it's not really that way.

Writing About the Birth

Some of the women found writing very therapeutic as they recovered from their c-sections. Julia wrote her son's birth story as a way to remember the details of his birth, but also as a way of reflecting on the experience:

I did write my son's birth story which ended up being, I think, about eight pages long. In part, I wanted to do it because I know, talking to my mom and other friends, you start forgetting things. I didn't want to forget certain details. When he asks me later, I wanted to be able to come back with concrete, specific, events that were monumental to us. But also that was a helpful process because I was able to, in my own life, reflect upon different places where my mind changed about certain ideas, like the cesarean, or how I was feeling at certain moments. Towards the end, I didn't want to write every single little detail, so I kind of wrote a bullet list of all of these really sweet memories of the last few days in the hospital, whether it was the nice people that helped us, or the weather that made us feel like we were so fortunate to be stuck inside with him. I think that helped me frame the story in a much more positive light and it truly seemed like an imperative, not like an accident or misadventure.

After not being able to fully remember her daughter's birth, Kate wrote her son's birth story:

I think I was just feeling really good about [my son's birth], and I wanted to remember it. I knew that, like I said about my daughter's birth, it was kind of foggy afterwards. So, the next day I wanted to remember that it was good. So, I wrote it down. I also knew I wanted to share it with some people. I wanted to send it to my doula, and I wanted to share it with the nurse. It was kind of a thank-you to some people.

Several of the women also found it helpful to blog about their birth experiences. Ashley blogs a bit, and feels it helps. Susan also expresses herself through her blog, though she finds some of the responses from others disheartening:

I have a blog. I've posted some stuff [about my birth] on there, but I've gotten some backlash from people who just tell me I sound ungrateful. A lot of people are like, "I just don't understand it." They just don't get it. But there's also the people who just don't agree with me. My friends don't quite get it.

After struggling to process her emotions after her c-section, Julia started keeping a Thanksgiving journal, which she found to be healing:

I decided, ok, I don't want to look on everything I've gone through [giving birth] as a failure. I've just been through something momentous. I had major surgery. I allowed a new life to enter the world through my body. I'm going to have to be able to see this in a different light, or I'm going to bring that guilt into these first weeks with my son. My husband could already tell that I was feeling that way and was talking to me about how this was not my fault. He kept trying to reassure me. I think I realized that I had to be responsible for reassuring myself. So, as part of my

Thanksgiving journal, I started writing as many things as I could think of that were part of the [birth] process that I was thankful for. . . . I stopped at 100. But I think that that process was really therapeutic for me because I needed to be able to give thanks for what was good about the situation when all I could really see to focus on was the negative of the situation. . . . That process was definitely a really good one. Just being able to write, line after line after line after line, something that was good.

Toward Healing: Analysis

“Time heals all things” is an aphorism, and nearly all of the women in this study shared that being patient with themselves and allowing time to work its magic was crucial as they moved towards acceptance of their c-section experiences. The strategies for healing described in this chapter worked for women who wanted a birth with limited intervention but who were recovering from a c-section. Even within this context, the strategies worked some of the time for some of the women, and are in no way a prescription that can be followed to find peace; every birth experience and every recovery is individual. However, there are some principles underlying the strategies here that may be useful to any woman recovering from a c-section trying to map out her own path toward healing.

First, healing seems to be a balance between time spent alone and time spent with others. The chapter begins by describing the strongly emphasized need to take care of oneself. Brianna advises “taking it easy” and Mia says to be “gentle with yourself.” But, many of the women also described how caring for their babies or using their experiences to care for other women were integral parts of their healing. Similarly, although many of the women found camaraderie and understanding when talking with others about their births, Julia and Emily also described the strong need for introspection. Writing about the birth was another strategy some of the women employed. This is typically a solitary activity, but Kate wanted to share her writing with her doula and others, and Ashley and Susan wrote blog entries, designed to be shared with others.

Taking action seems to be another underlying principle guiding women towards healing. Ashley and Laura made getting out of the house a priority. Angela found fresh air and exercise to be helpful. Molly, Kate, and Mia all worked diligently to be able to establish successful breastfeeding relationships with their babies. Laura made a point to ask her care provider questions about the delivery at a follow-up appointment. Julia kept a Thanksgiving journal, and Mia made an effort to participate in an online breastfeeding

forum. Although none of these strategies is bulletproof, it is clear that many women felt like taking deliberate action towards healing was crucial.

Given that interacting with others is an important part of healing for so many women, it is concerning that isolation is one of the strongest emotions felt during the postpartum period. Perhaps it is this sense of isolation that led many of the women to get out of the house, to participate in support groups, and to share their writing with others. For women in this study, this may involve finding new social networks to replace (sometimes temporarily) the network of women who wanted a birth with limited medical intervention from which they now felt isolated—as Julia says, a new “tribe.” But, finding this support may not be easy. Susan got negative feedback on her blog. Trisha found a support group “depressing,” and Angela found it difficult to find someone with whom she felt comfortable sharing her experiences. Ashley found counseling helpful but cost prohibitive. Many of the women found support groups to be healing experiences, but most of the women who participated in this study live in an urban area where there are many support groups to be found. Women who are more isolated geographically may find it more challenging to find such social support.

As the women moved towards healing, they were able to reflect on their experiences and offer some insight and advice that might help other women who envisioned a birth with limited medical intervention who experienced c-sections. The next chapter describes some of their suggestions.

CHAPTER 8: IMPROVING THE C-SECTION EXPERIENCE

For the women in this study, a c-section was a very emotional event. Some women had more positive experiences than others, but all of the women had suggestions for how the experience could be improved. This chapter compiles ideas from the interviews concerning how mothers-to-be can be better prepared for a c-section, how the experience of labor and delivery can be improved, advice for better postpartum care, and suggestions for how the friends and family members of a new mother can provide better support.

Preparing for Birth

Many of the women felt very unprepared for a c-section and strongly suggested that other women prepare for the possibility of a c-section, even if they feel it is unlikely. Brianna advises, “Do all your research, not just research on what you necessarily want because what you want may not be what you get.” Lilly specifically notes the importance of learning more about when a c-section is necessary. She says, “I think women should be better informed on the whole about when it’s truly necessary to have a c-section and when the doctor is just mitigating risk.” Angela expresses a similar sentiment:

I wish I would’ve known the medical side of things more. Like, at what point do you need to have a c-section? What would the baby’s heart rate need to drop below? What are the consequences to me if I keep pushing past when I’m tired? What are the success rates? I’m a very numbers and fact-oriented person so I wish I would’ve known when the doctor said we should probably go to c-section, what are the chances that I’m not going to be able to deliver naturally if I keep trying? What are the chances the baby is going to suffer if I don’t go to c-section right now?

Several of the women felt their health care providers needed to take a more active role in preparing them for a c-section. Claire suggests, “I think maybe the [health care] provider could talk about [c-sections] a little bit more. At least spend a little bit of time talking about it. I think maybe some providers don’t talk about it because they don’t want to think about that option. It’s hard.”

Ashley agrees with Claire noting, “I know that talking about a c-section with your doctor is kind of like going into it thinking that [a c-section] may happen and nobody wants to do that. But we never really discussed it happening.” She wishes her health care providers and her birth classes had provided more information about c-sections, especially concerning what it is like to heal from them. She comments, “Nobody tells you things like your bowel movements are going to be messed up for three months.”

In addition to preparing for the medical aspects of a c-section, women may need to prepare themselves emotionally:

A lot of care providers say—and I've even had our new obstetrician tell me this—that it doesn't matter how Baby gets here as long as you have a healthy baby. Well, that's not true. It does matter how Baby gets here and it does matter how Mama feels about that. . . . The emotional piece makes that difference. It needs to be recognized and more time taken to prepare Mama and let Mama process what's going to happen and how it's going to happen and why it's happening (Emily).

Part of preparing emotionally is having realistic expectations. Mia says, "I think what helped me was that while I did have a birth in mind, I told myself that I had to be open to things not going my way. It was a birth plan, not a birth set-in-stone." Similarly, Brianna advises, "I think women need to keep an open mind and realize that you never know what's going to happen. Plans change. You just have to be willing to do whatever is in the best interest of your child." Julia suggests that women preparing for birth even write down their expectations to keep them realistic:

I think the biggest advice I have for someone that's preparing for a cesarean is probably the advice that I got which was all about changing your expectations. But I think maybe what I would do is write out their expectations. What do you think the first day is going to look like? What do you think week one is going to look like? Week five? Because I didn't realize that even though I didn't think I had expectations, I really did, and because they were not necessarily based on what was realistic, I was setting myself up. It was my own making. I was creating this situation where I would never be able to meet those expectations and would have a hard time just being able to focus on the joyful. [*Thoughtful pause.*] Or it even doesn't have to be joyful. On just the normal parts of being a new mom after you had surgery.

Molly wants health care providers to help support a woman's mental health as well:

The health care system needs to be more supportive and more comprehensive. I've often thought we need better screens up front. What's the mental health situation for the pregnant woman? That's going to tell us a lot about the mental health situation later. . . . These are things that we need to pay attention to because these women are going to be more likely to have different postpartum mood issues. . . . If we really are serious about taking care of our children in this city, then we need to take care of our pregnant mamas and our mamas. And women before they become pregnant mamas.

The importance of a preparing a social support system was also mentioned frequently. Ashley wishes that she had found her breastfeeding support group while she was still pregnant, and thinks doctors could help like-minded patients connect. Many of the women spoke also highly of the value of doulas. Trisha says:

[To] every woman I know who's pregnant, I just say, "Get a doula. Don't think about it, just do it, because no matter what could happen, it's helpful." We almost didn't get one because I was like, "Well, we're going to be at home. We're using a birthing technique. That's our thing. We have the midwife and a midwife assistant. We don't need another person there." It was seriously amazing that we got [our doula].

Several women mentioned the wisdom of preparing for the postpartum period as well.

Emily advises lining up postpartum help, which may include hiring a postpartum doula:

Make a list beforehand of all the things that people can do, so when they call you they can just look at the list and say, "Here's what I can do." Or appoint a friend as the contact person for that so you can say, "Oh, if you want to give me a hand, call this person and they'll give you a specific task that you can do that will help me." Or get a postpartum doula.

Julia mentions that new moms need to be aware that they may feel isolated when they find themselves alone with a new baby, and reflects, "Now that I've had one experience under my belt, I would say to moms, 'If you know that you really want company, if there's the potential that you might be isolated, and you know yourself, and that's a difficult experience, definitely line that up.'"

Labor and Delivery

The women had many ideas for how to improve the experience of labor and delivery for women having c-sections. Emily has some general advice:

Going into it, don't forget that this is an actual birth. It's not just a medical procedure. Don't forget that you're actually having a baby and that this is a birth experience. C-sections don't seem like having a baby. They seem like a surgery because that's what they are. Hanging onto that piece is huge. Give yourself time and prepare to give yourself time for that emotional part.

There was a strong call for health care providers to have more compassion:

I think a little more compassion [is needed]. You have planned something, and you have that picture in your head, and it takes more than two seconds to flip to something else. And delivery of bad news may be better done. I think a lot of what I'm angry about and upset about and that needs to be fixed is just one particular doctor (Alicia).

I think the nurses having more compassion afterwards would've been really nice. . . . They see [c-sections] every day, so they just become kind of desensitized by it. Unless you're an extreme case, it doesn't really draw any emotions from them because they have three other women in the same hallway as you that went through the same thing. . . . Each person should be treated individually. I think that would help (Angela).

Molly does not mince words, saying, “Treat women like humans. This sounds really bad, but I’m not some livestock that’s just giving birth and moving on. This affects my family, and it affects my life, and my child.”

Although most women spoke very highly of their doulas, Claire felt hers could have been more sensitive:

My doula told me about her statistics. She was really big about how these are her birth statistics for people who have tried [vaginal births] and their percentage [of success]. That’s the only thing I could think of after I had my c-section, “Oh, I’m going to mess up her statistics.”

The women also had a variety of suggestions concerning how to improve the experience during surgery. Trisha and Rose want women to feel empowered to ask for what they want during the surgery:

Ok, I guess I would say that even though you’re having a c-section, you should still take control of your birthing experience and be sure that all the things that you want to have out of your experience you’re able to get the best that you can in that situation. Being really clear with all the nurses about what you want for your baby after they’re born and how you want to see them. I guess you should tell your partner to take their mask off so you can see their face! That’s a really special moment. Don’t let it be totally ruined by the fact that you’re in surgery (Trisha).

I would tell [the health care providers], “If possible, I would like you to do this.” Maybe show me on the mirror. A friend of mine told me that she got to see her baby [being born] with the mirror. She could see when [the doctors] were pulling their daughter out. They didn’t offer that [to me] (Rose).

Ashley wishes hospitals would pay more attention to the environment of the operating room:

I know that the operating room has to be a sterile place, but it just felt so cold to me. Really terrifying. So I don’t know if they could play music in there or something, on request if somebody asked. Or maybe turn the heat up a little bit in those rooms.

Rose would have liked more communication from her health care providers during surgery:

I would’ve felt more at ease if they would’ve explained, “Ok, we’re going to do this, and then this. Is there anything we can do to make to you feel more comfortable? Would you like for [your husband] to cut the umbilical cord? Can we bring the baby to you so you can kiss his head really fast and then weigh him?”

Another suggestion was that hospital policy be changed to routinely allow doulas or birth assistants into the operating room. Kate noted that her doula really helped her feel

supported and improved her experience during the actual c-section. Trisha explains that this practice also helps to support the women's partners:

I couldn't imagine if my husband and I had to go through that by ourselves. If we hadn't had our doula there who just made it seem so normal. While we're in the surgery room, she's like, "Oh, there's your baby. He's so pretty and his head's really big." She was just talking through the whole thing and taking pictures. I'm shaking and really scared and so was my husband. He was so worried about me that he couldn't worry about the baby at all.

Several other women commented that perhaps c-sections do not need to be as medicalized as they are now:

[I saw] a video with a mom who had a c-section but still had skin-to-skin contact [with the baby] right after the baby was born. I watched it, and I'm like, "Wow, I wish that had been what I had." I think that would've made such a difference. And it seems strange to me that my doctor never offered that, being the natural birthing guru. She never said, "Well, even though you're having a c-section, why don't we throw her on your chest right after [she's born], as long as her lungs are ok, and she gets suctioned or whatever. We'll just throw her on you and you can nurse her right there while I'm sewing you up." I don't know why that was never offered. Maybe not everybody wants that, but for the ones that do want a more natural route, I think that should be part of Baby-Friendly Hospitals (Laura).

I've researched this idea of a natural c-section a little bit, and it seems like for women who are in the situation that I was in, that would be such a wonderful alternative. For me, I obviously didn't want to get cut open and that was a big fear for me, but I also didn't want to lose that bonding time and letting the umbilical cord stay on longer, I didn't want to lose that. So, if that could be more widely acceptable and doctors were educated on it, that would be a great alternative for many women (Trisha).

I think hospitals need to be better aware of best practices for helping women breastfeed after a c-section. It's very routine to separate a mother and an infant. Maybe even after a vaginal birth, I don't know. But I know after a c-section it's very common to separate the mother and infant for observation. When I was in observation, there were no doctors around. Just let us be observed together. We're both still probably on monitors or something. Just let the mother and the baby be observed together. Unless it's medically indicated, where the baby's not breathing appropriately or something, it doesn't make sense to separate a mom and a baby. If more hospitals were Baby-Friendly Hospitals, I think that would happen less often (Lilly).

Postpartum Care

Many of the women in this study strongly advised that new mothers use the time in the hospital to rest as much as possible. Rose suggests:

Use the nursery. I know you want your baby there [with you], but you really need to get as much rest as you can in three days. As much as physically possible. I remember going home, and I was like, “Oh my gosh!” I’ve heard so many people telling me, “I wish I was back in the hospital because you don’t realize how much they are helping.” . . . When [nurses] offer to do everything for your child, just say, “Go ahead!” You are going to have tons of dirty diapers to change and tons of spit up to wipe up. Just let them do it and rest and relax while you can.

Although this might not apply to all women, Laura would have liked the nurses to help regulate the number of visitors coming to see her in order to facilitate rest:

At the hospital I wish we wouldn’t have had so many visitors. It was hard. I was exhausted already. We were trying to figure out how to be parents and we had constant streams of visitors. It probably would’ve been good if the hospital had said, “Enough is enough.” Because I didn’t really want to kick anybody out. So it would’ve been good if the nurses had said, “You’ve been here for awhile. Maybe you ought to scoot.”

Many of the women would have liked more emotional support while in the hospital. Although their health care providers were constantly checking their vital signs and their incisions, sometimes they neglected to ask the simple question, “Are you ok?” Emily elaborates, “Somebody sitting down and asking me if I was ok and explaining to me step-by-step what had happened to me would’ve made all the difference in how I felt after the c-section.”

Several of the women take this further and suggest that the health care team at the hospital include a psychologist to help provide emotional care. Susan explains:

I think if there was a person at the hospital, a psychologist or a counselor, who could go in and kind of talk with the moms, and provide follow up services for the moms, even if it’s just over the phone [that would help]. I’m not saying every mom’s going to want it or need it, but I’m sure there are plenty of moms who would really like somebody to help them process and claim the birth as their own. Something they can deal with better. I know there’s a big push for Baby-Friendly Hospitals. What about Mom-Friendly Hospitals as well?

New parents receive a great deal of written information as they leave the hospital, but there is little (if any) specific to coping with the emotional side of a c-section. Claire thinks this should be changed, explaining, “I think if they would’ve provided some information as I was leaving the hospital, like these are support groups or other resources that you could get information from, that would be nice.” Rose elaborates:

I think it would be helpful if they would print out a sheet saying these are normal emotions to have after having a c-section. You may go through these [feelings] in waves. Then it may settle down and it will come back again, but don’t feel like a crazy. I was like, “Am I crazy? Is it normal to feel this way? It is normal to be in this much pain?”

Rose also suggests that hospitals provide classes for c-section support for new mothers:

At the hospital they have classes for breastfeeding support. I feel like they should make one for c-section support. Maybe you can go up until 6 months postpartum. It would be nice to talk to other moms about the experiences. I think that would be really helpful because you can't expect someone to understand what you've gone through that didn't get to go through it. It's nice to talk to your significant other about it, but it's better to have someone who's been through it who can be like, "Yeah, I felt that way too. You're ok." Plus it would probably help with getting out [of the house].

After new mothers leave the hospital, they typically see their health care providers for a final follow-up visit six weeks postpartum. Ashley suggests that an additional follow-up appointment at a later date may be helpful:

You know, it just feels like you go in for this appointment and it was pretty short. Then you're just let loose, forever really. So, I don't know if it would be beneficial to have another one, because six weeks is really soon. It's really new, and you're still – especially if you have a c-section – you're still healing.

Finally, many women wanted new mothers to know how important it is to find and accept help:

It's very hard, I think, to tell women to find your support system. Get people to make meals for you. Have people come and clean your house. I mean, unless you're really good at asking. I'm not someone who's great at asking for that, so thankfully I had people offer a lot of those things. [My advice is to] seek out ways that [people can help], or to seek out resources that would at least lead to help in some tangible way because you're going to really need it (Julia).

If you have someone that offers to come and help you, let them. My grandma kept saying she would come and help me, and I said, "No, I don't need any help. I'll be fine. I'll be fine." My husband was like, "You know what? She's offering. Take her up on it." When I decided—well, I didn't decide—when fate decided for me that I was going to have a c-section I said, "Ok, you can come stay with me." And I was so glad that she did because it was very helpful to have someone who cooked and cleaned and basically did everything besides nurse my daughter. I'm sure she would've done that too if she could have (Kate).

Just let people help you. Try not to be a superhero. I felt like I was that way, just trying to please everybody. It was a time when I should've let everybody please me. Be selfish. Let people do things for you. Enjoy time with your baby (Ashley).

Suggestions for Family and Friends

Family and friends provided much needed support for many of the women during the postpartum period. Although most of the women acknowledged their families and friends were very helpful, they still listed some ways their visits could be improved.

First, several of the women mentioned that it would be helpful if friends and family members were as informed as possible about what a c-section actually involves so that they do not minimize the physical and emotional effects of recovering. Angela elaborates:

I don't even think people know what a c-section entails. I think they think, "Oh, they cut open your stomach and take out the baby." And that's not all that happens. . . . [C-sections] should be more talked about in general. What exactly it is. What it can do to you. The emotional side effects and the physical side effects. Why it's hard. I just don't feel like people know. . . . It's a major surgery. You do hear of c-sections a lot and it seems so common, like a root canal. People don't realize how much goes into it and it would help if they understood.

Also, the women wanted their visitors to be sensitive to frequency of their visits. Some of the women, like Claire, really wanted her friends to be around more. Others, such as Rose, wanted fewer visitors, especially immediately after returning home from the hospital. She says:

I would definitely say, as hard as it is, limit guest visits. We had that issue because all of my friends wanted to come see my baby. I was like, "I need a break! I want to get some sleep." When I would finally close my eyes, there's my baby [needing something]! I would say, at least the first day, no guests.

How often a new mother wants to see visitors is very personal preference, so when in doubt, it would be best to ask.

Even with the best of intentions, sometimes friends and family members may not know how to best help a new mother. Emily has some great concrete advice:

Baby is going to be around for a very long time, so when Mama first gets home, try to put your interests aside and really be there for her. Don't come over just to hang out with the baby. Go over and do the dishes. Go over and make them food. Ask Mama when the last time she ate was, because I guarantee she's not eating often. Instead of cute baby clothes, buy her postpartum doula hours. That would be huge for most mamas. Don't just stop helping out after the first month. A minimum of 8 weeks of help would be great. If you can't prepare a meal for them, send a gift card. If you can't go over to help clean up the house, see if you can find some student, some high school kid or something to go over and help pick up for them. High school kids would probably do it for five bucks an hour. Just find some way to get them some help. If money's an issue, just carve out that time. Don't ask what she needs, just do what you see that needs done.

Laura echoes Emily's advice to just step in and help:

I'm not going to call somebody and say, "Can you come over so I can take a nap? Or I can take a shower? Or could you come over because I'd really like to throw my kid out because she won't stop screaming?"

[Laughs.] . . . It would've really helped if family and friends had just come over and instead of saying, "Oh, call me if you need anything," actually just came over and said, "I'm taking your dogs for a walk. Oh, here's dinner. Oh, let me do some laundry for you." Because really I didn't want to ask for the help, but if people would've pitched in, that would've been awesome.

Lilly wants people to be more aware of resources that can help them support new mothers. For example, she mentions takethemameal.com, a website that can help friends and family members coordinate taking prepared meals to a new mother. Lilly continues:

On the website they have a list of things to keep in mind if you're going to take meals to someone who needs care. . . . It's kind of nice that there's a resource out there [for people to use] when they want to take care of you so they have more information. Like, if you're coming to visit a mom with a new baby, don't take other children. Bring napkins and plates and disposable containers so they don't have to clean up after you bring them the meal. Just tips like that, that have nothing to do with the c-section but help your friends and family who want to help you do it in a way that really truly helps a new mom, who just had a major surgery.

Finally, Emily suggests that family members and friends provide as much emotional support as possible during the postpartum time:

Support whatever decisions she's making. Because, if she's had a c-section and you don't agree with breastfeeding but that's what mama's doing, she doesn't need that on top of healing from her c-section. She doesn't need that input. You just say, "You know what, you're doing a great job and this is your family and you're the expert on your family and that's great. I'm glad that you're doing what's best for you and your family." Even if you don't like it, it's not any of your concern.

Julia challenges women who have had babies to be honest (when appropriate) about their experiences. She describes how one of her friends passed along advice from her doula:

[My friend] said [my doula] was the only person that would tell me how [unmedicated birth] was. She said, "You're going to feel like you're going to die. Then you're going to feel like you're going to die some more. And then you really think you're going to die. Then you have your baby. And then it's probably going to be messy, and you're going to be sore. But it's going to be wonderful." I feel like, maybe someone could've said that to me.

Improving the C-Section Experience: Analysis

Many of the suggestions in this chapter can be encompassed by Emily's statement that a c-section is "not just a medical procedure." For women who envisioned a birth with limited medical intervention, there is an emotional investment in a vaginal birth, and

when they experience a c-section, there are emotional consequences. The women themselves need to remember this, and prepare for the possibility of a c-section, both by obtaining knowledge about the procedure itself, and by carefully examining their own expectations about birth.

Based on these data, medical care providers need to address this emotional piece during prenatal care, labor and delivery, and postpartum care. Conversations about a woman's health both during pregnancy and after delivery need to focus on her mental health as well as her gynecological health. Decreasing the medicalization of the c-section as much as possible, perhaps by limiting the separation of mothers and babies after the birth (when possible), would help many of the mothers feel their wishes for a birth with limited medical intervention were honored as much as possible. Healthcare providers should also remember that the first time a mother sees her baby is a much-anticipated moment, and take the time to make this moment as special as possible.

Friends and family members should be careful not to dismiss the emotional impact of a c-section on women who wanted a birth with limited medical intervention. It is not just a surgery; it is a loss that many women grieve deeply, even if they agree the c-section was necessary. They also need to remember that women who expect to labor without pain relief view themselves as strong and capable. When recovering from the surgery, despite physical limitations, they want to retain a sense of independence and may be hesitant to ask for help. Although the kind of help and the best way to offer this help is as individual as each woman, nearly all of the women described needing compassion and someone nearby who would listen to them talk about their experiences.

CHAPTER 9: CONCLUSION

This chapter concludes the thesis by first examining the broader healthcare implications of the study's findings. A brief discussion of how this study addresses some gaps in the literature follows and areas of future work are identified. The thesis concludes with a reflexive statement followed by some final thoughts.

Healthcare Implications

The ultimate goal of this study, which aimed to understand the way women who wanted a birth with limited medical intervention experienced a c-section, is to improve care for other women with similar experiences. Chapter 8: Improving the C-Section Experience was entirely devoted to specific strategies to this effect. This section briefly describes three wider implications.

First, many of the women in this study, such as Kate, Claire, Julia, and Trisha used doulas, and were very pleased with the support they felt the doula provided. A doula is not medically trained, and instead is charged with:

- Staying with the woman throughout the labor;
- Providing emotional support, physical comfort measures and an objective viewpoint, as well as helping the woman get the information she needs to make informed decisions;
- Facilitating communication between the laboring woman, her partner and her clinical care providers; and
- Nurturing and protecting the woman's memory of the birth experience (DONA International).

Research also suggests that a doula is associated with positive birth outcomes (Mottl-Santiago 2008; Paterno et al. 2012; Scott, Berkowitz, and Klaus 1999). Doulas clearly seem to benefit both mothers and babies; yet, a quick Google search shows that doulas tend to charge several hundred dollars for their services, a fee that women must pay out-of-pocket. Some hospitals, such as the one used by Molly, do provide doula services for women, but the level of care may not be the same as that provided by a doula who is hired privately. Because so many women have positive experiences with their doulas, broader education about the services of doulas as well as financial support for those who wish to use them would likely improve the birth experiences of women, especially those who are financially disadvantaged.

Next, Lilly and Emily were both pregnant at the time of the interview, and both are planning a homebirth. Other women in the study, such as Laura, Alicia, and Mia are considering a homebirth for any subsequent deliveries. The risks and benefits of homebirth are debated; such an analysis is beyond the scope of this project. However, this study shows that some women may be considering homebirth not from several options they feel are good, but because they feel it is their only choice if they want a VBAC. Lilly, who interviewed obstetricians when she became pregnant with her second child, was disappointed because they were suggesting interventions that were not evidence-based. Afraid that she would be pressured into a repeat c-section, she plans a homebirth for her second child. She says, giving birth at “a birth center or [with] a midwife in the hospital would have been my ideal. It’s funny how we end up with homebirth.” Although a homebirth may be the right choice for some women, it should be exactly that: a choice among many good healthcare options.

Finally, the stories shared in this project should serve as a cautionary tale to those in the childbirth community who advocate for birth with limited medical intervention. They may have the laudable goal of trying to decrease the frequency of c-sections that are not medically necessary, and part of reaching this goal may even be to inculcate women with the idea that a pregnancy that is healthy and without complications will likely end in a vaginal birth that is healthy and without complications. But, unarguably, in some cases, c-sections save the lives of mothers and babies. So, women who have read books on giving birth or attended childbirth classes, who still feel woefully unprepared for a c-section is a failure on the part of childbirth community. Those who support women must be careful that the rhetoric of their agenda does not overpower the true needs of women.

Gaps in the Literature and Future Work

Little is known about the way women who desire a vaginal birth with limited medical intervention experience and recover from an unplanned c-section. Literature on reproductive ideologies suggests that women feel best when they feel some measure of control over their pregnancies, deliveries, and recovery period (Dworkin and Wachs 2004; Fox and Worts 1999; Upton and Han 2003). Women who want a birth with limited medical intervention lose much of their control when the birth turns into a c-section. For many, the recovery from this experience is very difficult, so a better understanding of this experience can lead to improvements in health care for women.

This study was designed to address three gaps in the literature.

- There is very little in the literature about the emotional recovery process for women who experience an unplanned c-section. This study supports and extends the work of Ryding et al. (1998) and Somera et al. (2010) who interviewed women shortly after experiencing an unplanned c-section. They describe how women experience intense emotions such as fear, disappointment, and sadness during and after unplanned c-sections; all emotions described in this study. In addition, this study explores the experiences of women who wanted a birth with limited medical intervention, adding a new perspective to the literature.
- Many of the studies described involved collecting data from women within a few months of giving birth (Padawer et al. 1988; Ryding et al. 1998; Somera et al. 2010). This study involved interviewing women who gave birth six months to two years ago, and by doing so, provides a broader view of the emotional recovery process. Beck notes that some women do not experience depression until six or seven months after giving birth (1992:167). Although this study did not examine postpartum depression specifically, many of the women in this study report not feeling accepting of their c-sections for many months, emphasizing the necessity of looking beyond the immediate postpartum period for a richer understanding of the experience.
- Unplanned c-sections may be associated with an increased likelihood of postpartum depression (Beck 1992; Beck 1993; Sword et al. 2011; Xie et al. 2011). This study explores some of the challenges women face during the postpartum time, describes strategies that helped them heal emotionally, and suggests ideas for improving care.

Because the c-section experience is so underexplored in the literature, there are many ways in which this research can be extended. Three possible areas of future work are described below.

Beyond Limited Medical Intervention

This thesis focuses on the experiences of women who desired a birth with limited medical intervention but instead experienced a c-section, a highly medicalized procedure. A natural extension of this project would be to compare the c-section experiences of those who envisioned a birth with limited medical intervention with the c-

section experiences of those who were not as invested in a birth with limited medical intervention. Does the c-section experience, as described here, evoke strong emotions from the women because it contrasts so sharply with the birth they envisioned? Or is the experience similar for women regardless of the birth they envisioned?

Perhaps some of the experiences would be shared; it seems very likely that fear would be a dominant feeling during the c-section itself for both groups. But, perhaps some of the experiences described in this thesis are unique to those who wanted a birth with limited medical intervention. For example, many of the women in this study were part of a social network that included other women who wanted a birth with limited medical intervention. This, in part, led many of the women who participated in this study to feel a sense of failure, shame, and guilt after having c-sections. Do women who do not envision a birth with limited medical intervention feel similarly?

It may also be interesting to explore how women who were not as invested in a birth with limited intervention prepared for a c-section. The women in this study, despite being very knowledgeable about birth itself, were not prepared for the possibility of a c-section. Part of this may be because the women learned about birth by reading books or taking birth classes from those in a community which promotes birth with limited medical intervention. Perhaps women who are not as averse to medical intervention are more prepared for what a c-section entails because they are more realistic about the possibility of a c-section or because the classes and materials they use to prepare include more of a medical perspective. Or, perhaps these women are similarly unprepared because they are less knowledgeable about birth in general.

Factors Contributing to a Positive Birth Experience

Another avenue for future research could involve exploring what makes one c-section experience better than another. Some of the women in this study may have been unhappy that they had c-sections, but felt overall, that their birth experience was positive. Other women described very negative experiences. Several ideas from the interviews which could contribute to a woman's overall perception of the c-section experience were underexplored in this thesis.

First, some women had strong social support networks. Kate describes how being surrounded by supportive people right before her second c-section helped her have a positive birth experience. She writes:

We prepared for a c-section and I felt so lucky to have so many wonderful people surrounding me and helping us to make good decisions. I realized

that a lot of what makes this birth so special to me is the love and support I felt from friends and strangers the entire time. Besides my husband and doula, we ended up with an extremely knowledgeable nurse. . . . My husband even asked if she was a "regular nurse" or somebody special because she obviously knew her stuff really well. (She WAS somebody special.)

In contrast, Brianna recalls being left alone for the hour before her c-section:

It was hard to be by myself [right before the c-section]. My mother-in-law works in the hospital and she came and stayed for a few minutes but she had to work so she couldn't stay. My father-in-law came and got my 12-year-old, and then they were gone. I really didn't want her there anyway because I was a mess. And all my family was out-of-town. Being alone during that time was hard.

Some of the women hired doulas to support them during pregnancy, labor and delivery, and during the postpartum period and some of the women were surrounded by friends and family members who could help them with childcare, meal preparation, and other household tasks. But some of the women felt their healthcare providers were disrespectful, did not hire doulas, or did not have friends and family members available for support. One avenue for future work in this area is to explore the relationship between social support and the c-section experience.

Developing a better understanding about a woman's relationship with her health care providers may also lead to a better understanding of what contributes to a more positive c-section experience. For example, Alicia was generally satisfied with the care her midwife provided, but when her midwife went on vacation, she was transferred to the care of an obstetrician. The obstetrician, after examining Alicia, was concerned that her baby was too large to be delivered vaginally, and strongly suggested an immediate c-section. Alicia felt pressure to comply and is still angry about her birth experience. However, like Kate and the nurse she describes as "somebody special," some of the women describe how positive interactions with their care providers led to a better birth experiences. Future research could explore the relationship between a woman and her care provider, how it changes over time, and how it affects the birth experience.

Another area of research could involve exploring the experience of repeat c-sections and how they differ from primary c-sections. Two of the women in this study, Kate and Claire, had repeat c-sections for the birth of their second child. In both cases, the second c-section was a much more positive experience. When describing the birth of her second child, Claire says, "I had a really good birth experience. I felt like I got to make choices. I didn't feel that much pain. I felt ok about it. I thought, 'I might have

preferred a vaginal birth, but it's ok, the way it went was ok.” Similarly, after her first child was born by c-section, Kate reported being “devastated” by the experience. But, when her son was born by c-section a few years later, she writes:

It was surprising to me that I cried when I saw my son for the first time. Maybe it was because we had waited for him for four years. Maybe it was because, as my doula pointed out, birth is a journey and on a journey the path is more important than the outcome. I never expected this journey to take me down this particular path that felt so good and so right the entire time. . . . It wasn't the birth we expected but it sure was a GOOD birth.

Are repeat c-sections generally a more positive birth experience for women than primary c-sections? If so, why? How do women prepare for subsequent births? In what ways have their expectations about birth changed? How does a woman who planned a VBAC experience a repeat c-section? A more in-depth look at repeat c-sections would lead to a broader understanding of the c-section experience and could lead to improved health care for women.

Other Populations

A third way to extend this research is to conduct studies similar to this with different populations. For example, all but one of the women in this study self-identified as White. Yet, non-Hispanic Black, Hispanic/Latina, and Native American mothers are more likely to have c-sections than White women (Roth and Henley 2012), and their experiences are likely quite different. A study that focuses expressly on the experiences of non-White women would add a valuable perspective to the literature. Similarly, most of the women in this study were married. Research which incorporates experiences of unpartnered women, or those in lesbian, bisexual, or transgendered relationships would add depth to the knowledge of this topic.

This study also did not explicitly address the socio-economic status of the women interviewed. It is likely that women with fewer resources experience a c-section quite differently from those with more income, and this should be better understood.

Also, most of the women in this study experienced labor and delivery without severe complications. But, Rose experienced profuse bleeding late in her pregnancy, Molly had life-threatening complications during labor, and Emily nearly died during her c-section. A study that primarily focused on the women who had such complications would provide another perspective on how a c-section is experienced.

A prerequisite for participation in this study was having a baby that was born in good health. A study of the experiences of women who had babies with health complications as a result of labor and delivery would also extend this area of research.

Finally, it is important to remember that a c-section often affects people beyond the woman herself. Many of the women described how difficult the c-section experience was for their husbands. Molly explains how her husband responded during the surgery:

My husband said he got nauseated [during the surgery]. He tried not to pay attention to any of it, but they kept counting the [bloody] towels, and when they got up to 27, at that point he was not ok. He remembers the sounds and the smells, and all of this, and I just wouldn't stop bleeding apparently. . . . He had a really hard time with it. I think it totally shocked him. He didn't expect it to go the way it went at all. I'm kind of one of those, strong, independent women, so for him to see me the way he saw me, was really rattling for him.

Kate described the stress her husband felt after her daughter's birth made him hesitant to have another child. A study which examined how an unplanned c-section affects partners and other family members would provide a broader understanding of the c-section experience.

Reflexive Statement

When I began this project in the spring of 2012, I was not sure I would be able to complete it. My son was just over a year old, and I was still very angry about my own birth experience. My doula wrote an account of my birth, and although I had saved it, I had been unable to read it. I generally did not like to talk about my birth, or even to think about it too often. I did not know if or how it would affect me emotionally to hear other women's birth stories; I feared breaking down in tears while conducting interviews. But, I was surprised to see that I could wear my "researcher's hat" and listen to the women's stories as a detached observer. Sure, poignant parts of the interviews affected me, but I did not relive my own c-section every time I interviewed someone, which was a relief.

In the fall of 2012, during the period I was heavily recruiting and frequently interviewing participants for this study, I became pregnant again. Conducting interviews while experiencing early pregnancy symptoms was challenging, but the excitement of a new baby trumped the discomforts. At this point, I was more accepting of my c-section, but as the pregnancy progressed, I became increasingly anxious about the possibility of another c-section. The midwife I had seen for care during my previous pregnancy had moved out-of-state, so this time I sought the care of an obstetrician. When I was about 12 weeks pregnant, I learned that the pregnancy was not viable. After an excruciating

week of waiting to miscarry naturally, I opted to have the pregnancy surgically terminated.

During the spring of 2013, I continued to recruit and interview women, while transcribing and analyzing the interviews. In some ways, continuing to work on this project was a relief because I could focus on the experiences of other women instead of my own grief. By this point, I felt I was well on my way to healing, both physically and emotionally; I was wrong. It was one thing to interview a woman in-person, when I could focus on her words, her body language, and her intonation; it was another to listen to the interviews with only the company of my thoughts. Each interview was a timestamp of the experiences of the past months.

Needless-to-say, the rollercoaster of emotions I was experiencing during this period must have affected this project. Although I did my best, I am sure the interviews I conducted around the time of my miscarriage could have been better. I tried to give the women my full attention as they so generously shared their time, but sometimes I failed. I tried to focus on what was left unspoken as well as the spoken words, but at times my intuition was lacking.

My experiences also affected the analysis presented in this thesis. For example, when I was angry about my own experiences, my instinct was to dismiss the words of a woman describing “being at peace” with her c-section. I found myself wanting to tell stories of pain, not peace. To address this concern, I wrote and rewrote some of the findings until I felt I had accurately captured the experiences described. Sometimes I had to completely stop working on a section until I felt steady enough to continue.

Ultimately, the experiences of the past year helped me have a greater understanding of this research topic. Over the course of the project I went from feeling angry to feeling more accepting of my own c-section; I even eventually read the description of my birth provided by my doula. With my first pregnancy I planned to give birth with a midwife in a birth center, and with the second I used the care of an obstetrician and planned to give birth in the hospital. I have now had two different surgical experiences related to pregnancy, and my emotional recovery from the miscarriage was very similar to my emotional recovery from the c-section. Both are very common experiences for women, but both are experiences society seems to trivialize. In both cases, people want to help, but are unsure what to say.

Final Thoughts

As I interviewed the women who participated in this study, I could not help but have strong reactions to their stories. I felt angry as I listened to them describe how their doctors stripped their membranes without permission, or pressured them to induce labor without a considered discussion. When women shared how lonely they felt, I grieved for their experience. When women struggled to find evidence-based care, my heart ached because I am familiar with research regarding how the medical system fails women. When a woman was afraid to ask for what she needed, I cursed a society where women are taught to subjugate themselves.

A large number of women who desire a vaginal birth with limited medical intervention will give birth by c-section. This thesis is a first step toward a better understanding of this experience with the thought that a better understanding will lead to better care. The women interviewed provided thoughtful descriptions of their experiences and insightful suggestions concerning how they could be improved—and to be sure, there is plenty of room for improvement. Lao Tzu is credited with saying, “A journey of a thousand miles begins with a single step.” A good first step toward improving care for those who envisioned a birth with limited medical intervention who instead experienced a c-section would be to ask the simple question many wanted to hear: “Are you ok?”

APPENDICES

Appendix A: Description of Research Participants

A brief description (at the time of the interview) of each woman who participated in this research project follows:

Brianna, Age 37, Mother of two. Her youngest child, age 2, is her only biological child. During a routine check-up near her due date, Brianna's obstetrician became concerned when her blood pressure was high and told Brianna that it would be unsafe for her to go home because she was at risk of having a stroke. Her daughter was delivered via c-section that day.

Lilly, Age 32, Mother of one and pregnant. Her daughter is nearly 2 years old. Lilly went into labor about 10 days past her due date and was planning to deliver her baby at home with a midwife. She labored at home, and tried pushing her daughter out for three hours. At that point she decided to transfer to the hospital where she was told she needed a c-section. She is planning another homebirth with her second child.

Kate, Age 38, Mother of two. Her daughter is 7 and her son is 1 ½. Both were delivered by c-section. With her daughter, she saw a midwife for her prenatal care, and was planning to deliver at a local birth center. Her labor was lengthy and stalled several times, so she transferred to the hospital for a c-section. With her son, Kate saw an obstetrician for her prenatal care and planned to deliver him vaginally in a hospital. Her labor with her son was similar to her labor with her daughter, so after trying unsuccessfully to push him out, she opted for a c-section.

Claire, Age 33, Mother of two. Her son is 2 and her daughter is nearly 10 months old. Both were delivered by c-section. She saw the same obstetrician for both pregnancies and planned to deliver at the hospital. With her son, she went into labor and pushed for a couple of hours. Her son was not descending, so she had a c-section. With her daughter, she planned on a vaginal birth, but had a lengthy labor and her daughter was not descending, so decided on another c-section.

Molly, Age 33, Mother of one. Her son is 14 months old. She was seeing an obstetrician for her prenatal care and planning to deliver at the hospital. A few days after

her due date she went in for a routine checkup, and her obstetrician did not like the results of a test. After a few days of being closely monitored, she went into labor on her own, but became feverish. She went to the hospital and continued to labor, but after some life-threatening complications, Molly opted for a c-section.

Ashley, Age 29, Mother of two. Her son, age 1 ½, is her only biological child. She was seeing an obstetrician and planned to deliver in the hospital. When she was about a week past her due date, her doctor induced her. Her labor was progressing, but she developed a fever, so her doctor recommended a c-section.

Angela, Age 28, Mother of one and pregnant. She is also a foster mother. Her biological son is 17 months old, and he, along with the child she is expecting, was conceived using in-vitro fertilization. She was concerned that her son was big, but her obstetrician kept reassuring her that her baby would not be more than 8 pounds. She planned to deliver in the hospital. Her labor progressed slowly, and she tried to push the baby out for several hours. At this point the doctor recommended a c-section. The baby was nearly 9 ½ pounds at birth.

Susan, Age 28, Mother of two and pregnant. Her daughter, age 5, was born vaginally. Her son, age 1, was born by c-section. She describes her daughter's hospital birth as a "textbook delivery." When she became pregnant with her son, she received prenatal care from an obstetrician during the first part of her pregnancy, until her severe vomiting was managed by medication, and then she transferred to a midwife. She was planning a homebirth, but shortly before her due date her midwife became very ill, so Susan was transferred back to the care of an obstetrician. As her due date approached, her son was not correctly positioned for birth. Her obstetrician tried to rotate him into a head-down position, and was successful. But, in this position the baby was compressing his umbilical cord, which can be life-threatening for the baby. Susan was sent to the operating room, and her son was delivered later that day.

Emily, Age 23, Mother of three and pregnant. Her daughter, 28 months, is her only biological child. During her pregnancy with her daughter, she was seeing an obstetrician for prenatal care and planned to deliver in a hospital. About a week after her due date, her labor was induced. She did not respond well physically to the medications used

during the induction and developed a fever. Her obstetrician recommended a c-section. Because of an error administering anesthesia, Emily experienced life-threatening complications during the c-section. With this pregnancy, she is receiving prenatal care from both an obstetrician and a midwife, and she is planning a homebirth with her midwife.

Trisha, Age 31, Mother of one. She planned to deliver her son, now 7 ½ months old, at home with a midwife in attendance. But, during a routine ultrasound a problem which merited extra attention was revealed, so she received co-care from an obstetrician. Her pregnancy continued to progress normally, so her obstetrician felt comfortable with Trisha's plan for a homebirth. She labored at home for many hours before becoming feverish and deciding to transfer to the hospital. Once at the hospital, she labored longer and was then advised to have a c-section.

Laura, Age 34, Mother of one. After struggling with infertility, Laura became pregnant with her daughter, who is nearly 2 years old. After finding out she was pregnant, she transferred from a large practice of obstetricians to a smaller practice that she felt was more supportive of mothers wanting limited medical intervention. After a very long labor, the baby was not descending, so her doctor recommended a c-section.

Mia, Age 25, Mother of one. When Mia discovered she was pregnant with her daughter, now 7 months old, she sought prenatal care from a clinic of midwives and planned to deliver at the hospital. She felt her labor was unusual from the moment it started because her contractions were so close together and painful that she was vomiting. She was also bleeding vaginally because of the position of the placenta. Her labor was progressing slowly, and she became feverish, so her care providers recommended a c-section.

Rose, Age 21, Mother of one. Throughout the first part of Rose's pregnancy with her son, now 6 months, her belly was measuring large, so her obstetrician told her she was going to have a large baby. She had an ultrasound when she was around 30 weeks pregnant, and the measurements taken during the ultrasound suggested that despite the size of her belly, the baby was too small. She was transferred to a high-risk doctor, but her pregnancy continued to progress. A few days before her due date, she began to

bleed profusely. She rushed to the hospital and was told she needed a c-section immediately. Her son was born weighing a healthy 7 pounds.

Alicia, Age 32, Mother of one. Alicia's daughter, now 8 months, was conceived on her honeymoon. She saw a midwife for her prenatal care and planned to deliver at the hospital. Her due date came and went, and her midwife left town on a planned vacation. While her midwife was gone, Alicia was transferred to the care of an obstetrician. Although routine tests showed that the baby was not in distress, because Alicia was past her due date, the obstetrician recommended inducing labor. After examining Alicia before the induction, the obstetrician changed her mind. Concerned the baby was going to weigh more than 12 pounds, she recommended a c-section. Her baby was born healthy, weighing less than 10 pounds.

Julia, Age 33, Mother of one. Julia had a smooth pregnancy with her daughter, now 6 ½ months old. She saw an obstetrician for her prenatal care and planned to deliver at the hospital. Shortly after her due date passed, a routine ultrasound revealed that the fluid surrounding the baby was at dangerously low levels. Her doctor, who was planning to go out-of-town a few days later, recommended inducing labor. Julia went to the hospital as scheduled, and was induced, but more than a day later, her labor had still not progressed substantially. Her baby was showing some signs of distress at this point, so Julia agreed to a c-section.

Appendix B: Pre-Screening Interview Protocol

The interview process will begin when a potential participant contacts me about the study by telephone or email. After making a brief introduction, I will conduct a screening interview to establish that the potential interviewee meets the study's eligibility requirements. If eligible, I will schedule the interview.

1. Introduction

How did you learn about the study? Okay, you heard about this study from [name].

Well, as indicated in the flyer, I am looking for women who wanted a vaginal birth with limited medical intervention but who had an unplanned c-section between one and three years ago. If you fit this description, I would like to talk to you about your c-section.

Your participation would involve meeting with me for a one-on-one private interview where I would ask you questions about your birth and your experiences as you recovered. I will be audio recording interviews for my own information, and no one else will hear them. I will use these recordings to type a transcript of the interview. Nothing that could identify you will be included in what I type. Everything you share with me will be kept very strictly private and confidential and I will not use your name on anything.

As a "thank-you" for your time, you will receive a \$25 Visa gift card. Does this sound like something that you might be interested in participating in?

2. Prescreening Questions

Ok. I need to ask you a series of questions to determine whether you are eligible to participate in this study. Do you have any questions for me before we proceed?

Screening Interview Questions	Participant Must Answer the Following Way for Eligibility
1. Are you age 18 or over?	1. Yes
2. Would you say you envisioned a vaginal birth with limited medical intervention?	2. Yes
3. In what month and year did you have a c-section?	3. [Must be 6 months - 2 years ago]
4. Was your c-section unplanned?	4. Yes
5. Would you say your child was generally healthy when born?	5. Yes

3. Schedule Interview

Wonderful! You are eligible for the study. [If not eligible, politely let them know.] Can we schedule an interview? We could meet at a public place like a coffee shop or a restaurant, or in a private room on IUPUI's campus or I could come to your home.

Where would be most convenient for you? When would be a good time for you? Also, if it is all right with you, I will give you a reminder call (or send you a reminder e-mail) the day before the interview.

Appendix C: Interview Guide

Introduction: Thank you for taking the time to talk to me today. I really appreciate your willingness to help me out with this interview. Have you ever been interviewed before? Well, the main reason why I would like to interview you is to learn about your experiences when you had your c-section. Findings from this study will be used to help improve the care given to women who have had c-sections and their families.

Interviewee Role: I want you to feel that this is *your* interview. I am here to listen to what you have to say. I am very interested in your experiences and feelings, so please feel free to share anything that comes to mind. My job is to listen to you so that I can better understand these experiences.

Explain Audio Recording Procedures: As I explained earlier, I will record our conversation so that I do not have to take notes and so I can get your complete answer. This also helps me guarantee that my report will accurately reflect your experiences. After the interview, I will listen to the recording and type up the interview. I will not include any information that identifies you, or your children. When I have finished my report, the recorded copy of the interview will be erased. Is this all okay with you?

Assure Interviewee of Confidentiality: Please feel free to speak openly with me. Maintaining your privacy is the most important thing to me and anything you say during this interview will be kept private and confidential. I will not include your name or any other unique information that could identify you in my report. Also, if I ask you any questions that you do not want to answer, you can just say, “pass” and we will skip those questions.

Time Frame of Interview: The interview will last about two hours. If you need a break at any time, just let me know.

Obtain Informed Consent: Before we begin the interview, I would like to go over the study’s information sheet, which describes the nature of the study, your role in the study, the steps taken to maintain your confidentiality, and the voluntary nature of the study. You can take this form with you. (Wait for the participant to read the information.) Do

you have any questions about the study or the information you read? If not, do you give your permission to participate in the study by being interviewed? (If the participant agrees, then start the interview). Ok thank you for your help with the study. Do you have any more questions before we start?

Compensation: Thank you again for taking the time out to come and talk to me about your experiences. Here is a \$25 Visa gift card as a way of saying “thank you” for taking the time to participate.

Gain Verbal Consent and Start Interview: Ok, then I will begin recording the interview now.

Start recorder and record verbal consent prior to asking any interview questions: “We are now recording. Today is [date]. My name is Kelly Van Busum. I am a graduate student at Indiana University Indianapolis. Today I have the privilege to be interviewing [insert name]. I would like to ask your permission to record this interview which I will transcribe myself and to use the recording and the transcription for study and research purposes.” (If verbal consent is given and audio recorded, proceed with the interview.)

Questions: Let’s begin with some background questions so that I can get to know more about you before we talk about your experiences. I already asked you some of these questions when I spoke to you on the phone about your eligibility, but I need to ask them again to make sure that I record your answers for the study. I will use the answers to these questions for an overall description of who participated in the study.

Background Questions:

1. How old are you?
2. How do you describe your racial/ethnic background?
3. How many children do you have? What are their ages?
4. How was each of your children born?
[If more than one was an unplanned c-section during the last two years, ask participant to choose one on which to focus.]

Ok, during the rest of the interview I want to focus on three things: the events leading up to the c-section, the c-section itself, and your physical and emotional recovery after the c-section. Let's talk first about your pregnancy with [specify child]:

Topic Domain	Main Question	Follow up – Probes
Pregnancy	Please tell me about your pregnancy with [child].	Who was your care provider? Were there complications? How did you feel physically? How did you feel emotionally?

Envisioned Birth	<p>How did you envision the birth of [child]?</p>	<p>Where did you plan to deliver?</p> <p>Who would be there?</p> <p>What would happen after the baby was born?</p> <p>How did you prepare for the birth?</p> <p>How would the birth feel?</p> <p>What does the term “limited medical intervention” mean to you?</p> <p>How did you become interested in a birth with limited medical intervention?</p>
Actual Labor/Birth	<p>Tell me about your labor and delivery.</p>	<p>What happened when you went into labor?</p> <p>What led to the c-section?</p> <p>How did you feel about the decision to have a c-section?</p> <p>How did you feel about your care provider?</p> <p>What do you remember about the time right before your surgery?</p> <p>What were you feeling during the surgery?</p> <p>What do you remember about the time right after your surgery?</p> <p>Tell me about meeting your baby for the first time.</p>

<p>Immediate Postpartum Period</p>	<p>Tell me about the first few weeks after you had the baby.</p>	<p>How did you feel physically?</p> <p>How did you feel emotionally?</p> <p>What feelings did you have about the birth at this point?</p> <p>What feelings did you have about your care provider at this point?</p> <p>Tell me about some challenges you faced during this period.</p> <p>What, if anything, surprised you about your recovery?</p> <p>Did you feel supported during this time? In what ways?</p> <p>Was there anything you needed during this time that you didn't get? If so, what?</p>
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<p>Later Postpartum Period</p>	<p>What comes to mind now when you think of [child]'s birth?</p>	<p>How do your feelings about [child]'s birth today compare with how you felt shortly after his/her birth?</p> <p>Have your feelings about your care provider changed? In what ways?</p> <p>In what ways does [child]'s birth affect your feelings about future births?</p> <p>Do you think [child]'s birth affects your partner's feeling about future births? If so, how?</p>
<p>Healing Process</p>	<p>Tell me about what has helped you heal emotionally.</p>	<p>Have you expressed yourself through something like art or music? In what ways?</p> <p>Have you been able to talk to anyone about your experiences? Tell me about that.</p> <p>Are there ways in which you still need to heal? Describe what you mean.</p>

Improved Care	Tell me a bit about how you think care could be improved for other women who have c-sections.	<p>In what ways could women and their families be better prepared for c-sections?</p> <p>What can care providers do to better help a woman and her partner through a c-section?</p> <p>What can friends and family members do to better support women the first few weeks after surgery?</p>
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Closing Question:

We are almost finished. Thanks again for sharing your story with me. Two additional questions:

1. What advice would you give to a woman who just had a c-section?
2. Is there anything else you'd like to share about your experience having a c-section?

Thank you:

Thank you! The information you have shared with me has been very helpful. If you have any additional questions or just want to talk about the interview experience, please feel free to give me a call or email me. (After recorder is off, ask participant to recommend additional participants, if needed.)

Appendix D: Recruitment Emails

Sent to Help Recruit Participants:

My name is Kelly Van Busum, and I'm a graduate student at IUPUI. I'm working on a research project where I am interviewing women who wanted a vaginal birth with limited medical intervention but who delivered a healthy child by c-section between six months and two years ago. To participate, the women would meet with me one-on-one for an interview designed to last about two hours, and would receive a \$25 Visa gift card as a "thank-you" for their time.

Do you know any women who meet these criteria who might want to participate? If you do, and could ask them to contact me, that would be great. They can contact me by email (kvanbusum@gmail.com) or phone (555)555-5555.

I am attaching a flyer with more information about the study that you could forward on to anyone you think that might be interested.

Thanks,

Kelly Van Busum

Sent to Possible Participants:

My name is Kelly Van Busum, and I'm a graduate student at IUPUI. I'm working on a research project where I'm interviewing women who wanted a vaginal birth with limited medical intervention but who delivered a healthy child c-section between six months and two years ago. _____ thought you might like to participate, and forwarded me your email address.

Your participation would involve meeting with me for a one-on-one private interview designed to last about two hours where I would ask you questions about your birth and your experiences as you recovered. Everything you share with me will be kept very strictly private and confidential and I will not use your name on anything. As a “thank-you” for your time, you will receive a \$25 Visa gift card.

If you are interested in participating (or you have additional questions about the study), please let me know. You can contact me by email (kvanbusum@gmail.com) or by phone (555)555-5555.

Thanks,
Kelly Van Busum

MOTHERS

Needed for Research Study

If you are 21 years or older and:

- Wanted a birth with few medical interventions, but
- Had an unplanned c-section because of complications,

You may be eligible to participate in a research study.



Please help us learn more about what it is like to have a c-section. Findings from this research may help improve care for women in similar situations.

For more information, please contact Kelly
(555) 555-5555
kvanbusum@gmail.com

Participation is voluntary and confidential!

Indianapolis University-Indianapolis IRB Approval # 1210009741

Approved: 10/15/12

REFERENCES

- American College of Nurse-Midwives. "Our Credentials." Retrieved Sep 11, 2012 (<http://www.midwife.org/Our-Credentials>).
- Atkinson, Rowland and John Flint. 2001. "Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies." *Social Research Update*. 33. Department of Sociology, University of Surrey.
- Beck, Cheryl Tatano. 1992. "The Lived Experience of Postpartum Depression: A Phenomenological Study." *Nursing Research* 41(3):166-170.
- Beck, Cheryl Tatano. 1993. "Teetering on the Edge: A Substantive Theory of Postpartum Depression." *Nursing Research* 42(1):42-48.
- Beck, C.T., R.K. Gable, C. Sakala, and E.R. Declercq. 2011. "Posttraumatic stress disorder in new mothers: results from a two-stage U.S. national survey." *Birth* 38(3):216-27.
- Ceronio, C.C., C.S. Dorfling, and A.G. Nolte. 1995. "The experiences of parents where pregnancy ended in an unplanned cesarean section." *Curationis* 18(4):48-51.
- Charmaz, Kathy. 2003. "Grounded theory." Pp. 81-110 in *Qualitative Psychology: A Practical Guide to Research Methods*, 2nd ed., edited by J. Smith. CA: Sage.
- Dona International. "Our Passion for Families Touches the World." Retrieved Sep 11, 2012 (<http://www.dona.org/>).
- Dworkin, Shari L. and Faye Linda Wachs. 2004. "'Getting Your Body Back': Postindustrial Fit Motherhood in Shape Fit Pregnancy Magazine." *Gender and Society* 18(5):610-624.
- Esterberg, Kristin G. 2002. *Qualitative Methods in Social Research*. Boston: McGraw Hill.
- Fox, Bonnie and Diana Worts. 1999. "Revisiting the Critique of Medicalized Childbirth: A Contribution to the Sociology of Birth." *Gender and Society* 13(3) 326-346.
- Gaskin, Ina May. 2011. *Birth Matters*. New York: Seven Stories Press.
- Groenewald, Thomas. 2004. "A Phenomenological Research Design Illustrated." *International Journal of Qualitative Methods* 3(1)1-26.
- Halbreich, Uriel and Sandhya Karkum. 2005. "Cross-cultural and social diversity of prevalence of postpartum depression and depressive symptoms." *Journal of Affective Disorders* 91(2)97-111.
- Hamilton, Brady E., Joyce A. Martin, and Stephanie J. Ventura. 2011. "Births: Preliminary Data for 2010." *National Vital Statistics Reports* 60(2).

- Hesse-Biber, Sharlene Nagy and Michelle L. Yaiser. 2004. "Difference Matters: Studying Across Race, Class, Gender, and Sexuality." Pp.101-120 in *Feminist Perspectives on Social Research*, edited by S.N. Hesse-Biber and M.L. Yaiser. NY: Oxford University Press.
- Kübler-Ross, Elisabeth. 1969. *On Death and Dying*. New York, NY: Touchstone.
- Lipson, Juliene G. and Virginia Peterson Tilden. 1980. "Psychological Integration of the Cesarean Birth Experience." *American Journal of Orthopsychiatry* 50(4):598-609.
- Martin, Joyce A., Brady E. Hamilton, Stephanie J. Ventura, Michelle J. K. Osterman, Elizabeth C. Wilson, and T. J. Mathews. 2012. "Births: Final Data for 2010." *National Vital Statistics Reports* 61(1).
- Merriam, Sharan. 2002. "Assessing and Evaluating Qualitative Research." Pp. 18-36 in *Qualitative Research in Practice*, edited by S.B. Merriam and Associates. San Francisco, CA: Jossey-Bass.
- Mottl-Santiago, Julie, Catherine Walker, Jean Ewan, Olivera Vragovic, Suzanne Winder, And Phillip Stubblefield. 2008. "A Hospital-Based Doula Program and Childbirth Outcomes in an Urban, Multicultural Setting." *Maternal and Child Health Journal* 12(3):372-377.
- Osterman, Michelle J. K. and Joyce A. Martin. 2011. "Epidural and Spinal Anesthesia Use During Labor: 27-state Reporting Area, 2008." *National Vital Statistics Reports* 59(5).
- Padawer, Jill A., Corey Fagan, Ronnie Janoff-Bulman, Bonnie R. Strickland, and Max Chorowski. 1988. "Women's Psychological Adjustment Following Emergency Cesarean Versus Vaginal Delivery." *Psychology of Women Quarterly* 12(1):25-34.
- Paterno, M.T., S.E. Van Zandt, J. Murphy, and E.T. Jordan. 2012. "Evaluation of a student-nurse doula program: an analysis of doula interventions and their impact on labor analgesia and cesarean birth." *Journal of Midwifery & Women's Health* 57(1):28-34.
- Penrod, Janice, Deborah Bray Preston, Richard E. Cain, and Michael T. Starks. 2003. "A Discussion of Chain Referral As a Method of Sampling Hard-To-Reach Populations." *Journal of Transcultural Nursing* 14(2):100-107.
- Roth, Louise Marie and Megan M. Henley. 2012. "Unequal Motherhood: Racial-Ethnic and Socioeconomic Disparities in Cesarean Sections in the United States." *Social Problems* 59(2):207-227.
- Ryding, Elsa Lena, Klaas Wijma, and Barbro Wijma. 1998. "Experiences of Emergency Cesarean Section: A Phenomenological Study." *Birth* 25(4):246-251.

- Scott, Kathryn D., Gale Berkowitz, and Marshall Klaus. 1999. "A comparison of intermittent and continuous support during labor: A meta-analysis." *American Journal of Obstetrics & Gynecology* 180(5):1054-1059.
- Seidman, Irving. 2006. *Interviewing as Qualitative Research: A Guide for Researchers in Education and Social Science*. Teacher's College Press, NY.
- Somera, M.J., N. Feeley, and L. Ciofani. 2010. "Women's experience of an emergency caesarean birth." *Journal of Clinical Nursing* 19 (19-20):2824-31.
- Spillett, Marydee A. 2003. "Peer debriefing: who, what, when, why, how." *Academic Exchange Quarterly*. Retrieved September 11, 2012 ([http://www.thefreelibrary.com/Peer debriefing: who, what, when, why, how.-a0111848817](http://www.thefreelibrary.com/Peer+debriefing:+who,+what,+when,+why,+how.-a0111848817)).
- Sword, W., C. K. landy, L. Thabane, S. Watt, P. Krueger, D. Farine, and G. Foster. 2011. "Is mode of delivery associated with postpartum depression at six weeks: a prospective cohort study." *BJOG: An International Journal of Obstetrics and Gynaecology* 118 (8):966-77.
- UNICEF and World Health Organization. 2009. "Baby-Friendly Hospital Initiative: Revised, Updated and Expanded for Integrated Care." Retrieved October 9, 2013 (http://whqlibdoc.who.int/publications/2009/9789241594967_eng.pdf).
- Upton, Rebecca and Sallie S. Han. 2003. "Maternity and its Discontents: 'Getting the Body Back' after Pregnancy." *Journal of Contemporary Ethnography* 32(6):670-692.
- Xie, R. H., J. Lei, S. Wang, H. Xie, M. Walker, and S.W. Wen. 2011. "Cesarean section and postpartum depression in a cohort of Chinese women with a high cesarean delivery rate." *Journal of Women's Health* 20(12):1881-6.

CURRICULUM VITAE

Kelly M. Van Busum

Education:

M.A.	Sociology Indiana University, IUPUI	(2014)
M.S.	Computer Science University of North Carolina, Chapel Hill	(2002)
B.A.	Computer Science/Elementary Education DePauw University, Summa Cum Laude with Distinction	(1999)

Relevant Experience:

2006 – 2009: Research Instructor/Policy Analyst, School of Social Work, University of North Carolina, Chapel Hill, NC

- Worked with an interdisciplinary team to analyze data from social programs including Child Welfare, Work First, and Food and Nutrition Services
- Analyzed large datasets using statistical (SAS) programming
- Helped program and maintain a website
- Designed and taught an online course to help incoming students learn the programming and analysis skills they need in order to do research in social work
- Created several online tutorials showing social workers how to access data compiled on various social programs
- Designed and executed a user study to assess how clients interact with our website
- Supervised undergraduate and graduate research assistants

2003 – 2006: Instructor of Computer Science, DePauw University, Greencastle, IN

- Courses taught (with full responsibility): Human Computer Interaction, Computer Science I, Data Structures, Graphics, Networking, Science Research Fellows Seminar (Topic: Cooperative Robotics)
- Created a research project where yawns were automatically detected by a computer in order to predict the onset of migraine headaches; conducted a user study to evaluate the results
- Developed a research project involving creating a web browser for the visually impaired; conducted a user study to evaluate the results
- Supervised undergraduate research and teaching assistants
- Designed and taught a one-month course in International Cooking

2002 – 2003: Instructor of Computing Sciences, Elon University, Elon, NC

- Courses taught (with full responsibility): Introduction to Programming, Algorithm Development, Algorithm Analysis

Professional Activities/Honors/Awards:

Indiana University-Purdue University Indianapolis Thesis Expense Grant, 2012.

Indiana University-Purdue University Indianapolis University Fellowship, 2009.

Steering Committee, Grace Hopper Celebration of Women in Computing, 2004, 2006.

Reviewed paper submissions for the "Workshop on the Impact of Pen-based Technology on Education", 2006.

DePauw University Graduate Fellowship (tuition+stipend), 2003.

Technical Skills:

C++, Java, Python, CGI/Perl, Visual Basic, SAS, Website Development, Windows, Linux/Unix, Stata, NVivo

Posters/Presentations:

Fearington F., Park J. (with faculty adviser Van Busum K.) "Migraine Detection through Analysis of EEG Signals", won second place in an undergraduate poster competition at the Consortium for Computer Science in Colleges: Midwest Conference, DePauw University, September 29– 30, 2006.

Shaefer M., Cable M. (with faculty adviser Van Busum K.) "Using Spatial Sound for Internet Text Navigation for the Visually Impaired." Summer research presented at the National Conference on Undergraduate Research, University of North Carolina at Asheville, April 6-8, 2006.

Van Busum K., "Graphics at a Liberal Arts School." Talk. Teaching and Research in Graphics as an Undergraduate Topic (TARGUT), Denison University, June 5-6, 2006.

Granger M., Amoussou G., Labrador M., Perry S., Van Busum K. "Research Experiences for Undergraduates: Successes and Challenges." Panel Session. Presented at SIGCSE (Computer Science Education), March 1-5, 2006.

Van Busum K., Tartaro A., et al. "A Graduate School Gathering." Birds of a Feather Discussion. Grace Hopper Celebration of Women in Computing, October 6-9, 2004.

Stephenson C., Menzel S., Van Busum K. "Supporting Teachers Through Multi-Level Partnerships: The Java Engagement for Teacher Training Program." Birds of a Feather Presentation and Discussion. Grace Hopper Celebration of Women in Computing, October 6-9, 2004.